

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90305 042 ***150.00

DOCUMENT # P03000109125

1. Entity Name

SOCKS UP, INC.



Principal Place of Business

1372 BAY HARBOR DR
#304
PALM HARBOR FL 34685

Mailing Address

1372 BAY HARBOR DR
#304
PALM HARBOR FL 34685

19012740



MOORE CR2E034 (11/03)

2. Principal Place of Business

1937 FORESTVIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

1937 FORESTVIEW DR.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

58-2682694

Applied For

Not Applicable

Zip

34683

Country

PINELLAS

Zip

34683

Country

PINELLAS

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HALES, TRACEY
1372 BAY HARBOR DR
#304
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HALES, RAYMOND
STREET ADDRESS 1372 BAY HARBOR DR #304
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE V ☐ Delete
NAME HALES, TRACEY
STREET ADDRESS 1372 BAY HARBOR DR #304
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1937 FORESTVIEW DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1937 FORESTVIEW DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACEY HALES

4.26.04

727 773 8063

Date

Daytime Phone #