

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90470 031 ***150.00

DOCUMENT # P03000110810

1. Entity Name

TOTAL ELEGANCE INC.



Principal Place of Business

2001 VIRGINIA DRIVE
ORLANDO FL 32803

Mailing Address

2001 VIRGINIA DRIVE
ORLANDO FL 32803

34053720

2. Principal Place of Business

2314 N. Orange Ave

Suite, Apt. #, etc.

3. Mailing Address

2314 N. Orange Ave

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ORLANDO Florida

Zip

32804

Country

Orange

City & State

ORLANDO FL

Zip

32804

Country

Orange

4. FEI Number

03-0529537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUITJENS, DENNIS P
2001 VIRGINIA DRIVE
ORLANDO FL 32803

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 LUITJENS, DENNIS P
STREET ADDRESS 2001 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE VP ☐ Delete

NAME WIECENSKI, RAY JR
STREET ADDRESS 2001 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL 32803

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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: Dennis Luitjens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

407-893-9898

Daytime Phone #