

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/2004-90210-031-\$150.00-\$150.00
4/28/200

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 AM 8:00

REINSTATEMENT *04*



04212004 Chg-P CR2E034 (10/03) *MRS*

4. FET NUMBER: **20-1129554** Applied For: ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, RICK
2213 CYPRESS ISLAND DR., #504
POMPANO BEACH, FL 33069
*834 SW Abingdon Ave
Pom St Lucie, FL
34953*

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: *Ricky Bush* **Ricky Bush** DATE: **4-26-2004**
Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	BUSH, RICKY G		STREET ADDRESS		
CITY-ST-ZIP	2213 CYPRESS ISLAND DR., #504 POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	BUSH, MARIA		STREET ADDRESS		
CITY-ST-ZIP	2213 CYPRESS ISLAND DR., #504 POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Maria Bush* **MARIA BUSH** DATE: **4-26-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

66429793 282

July 7, 2004

Celestial Grounds
834 SW Abingdon Ave
Port St Lucie, FL 34953
772 359-9364

Reference # P03000112514

To Whom It may Concern,

We recently received a card in the mail that was serving as a "Notice of Intent to Dissolve", when I called the division on July 7th at 8:45 AM I spoke to Gary concerning this matter. Gary informed me that your division had not received the request you made for our EIN number. Attached you will find a copy of the letter you sent us in May along with the Annual Report and the IRS tax ID number. I had mailed all of these back to you on May 30, 2004 but according to your records they were never received.

I am sending you copies of the original forms I sent you in May. I will follow up in a week to confirm that they were received.

Thank you for your understanding and prompt attention in this matter.

Thank you,



Ricky G. Bush