## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 25, 2004 8:00 am DOCUMENT # P03000114588 **Secretary of State** 1. Entity Name 02-25-2004 90017 008 \*\*\*150.00 PIZZAZZ BY AUDREY MARIE, INC. Principal Place of Business Mailing Address 510 S. BREVABO AVENUE 510 S. BREVARD AVENUE STE. 121 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 509 MIRASOL CIRCLE 3. Mailing Address 509 MIRASOL CIRCLE Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For LEBRATION Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STULTZ, AUDREY M 509 MIRASOLCIRCUStreet Address (P.O. Box Number is Not Acceptable) SE.# 101 510 S. BREVARD AVENUE CELLBRATION FL 8. The above named entity submits this statement in 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. GUDREY M STULTZ ent and alie if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition NAME STULTZ, AUDREY M 509 MIRASOL CIRCLE 510 S. BREVARD AVENUE; STE. 121 # 101 STULTZ, AUDREY M NAME STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CELEBRATION FL 3 CITY-ST-ZIP CTTS STAIR TITLE TITLE Change Addition STULTZ, ROBERT L 509 MIRASOL CIRCLE 510 S. BREVARD AVENUE STE. 121 # 101 NAME STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CELEBRATION FL 3474 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change : Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME 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 of 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 (withyall other tike empowered.

FILED