## Apr 28, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P03000130283 4-28-2004 90214 009 \*\*\*150.00 1. Entity Name ISABELLA'S BASKETS, INC. Principal Place of Business Mailing Address **624-B FONTANA LANE** 624-B FONTANA LANE BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 56-2416868 Not Applicable Country... Zip\_\_\_\_\_ Country \$8.75 Additional 5.-Certificate of Status Desired 🗀 🗀 🛎 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALVANO, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1023 MANATEE AVENUE WEST BRADENTON, FL 34205 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00" Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D/P/T D **Change** TITLE ☐ Delete TITLE ☐ Addition DEMINO, ROBERT JOHN Demino, Robert John NAME NAME 624-B Fontana Lane STREET ADDRESS **624 FONTANA LANE** STREET ADDRESS Bradenton, Florida 34209 CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TITLE ☐ Delete TITLE D/V/s Addition NAME NAME Demino, Frances Joan STREET ADDRESS STREET ADDRESS 624-B Fontana Lane CITY-ST-ZIP CITY-ST-ZIP Bradenton, Florida 34209 ☐ Delete TITLE ☐ Addition -- - === NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete = . · TITLE TITLE ☐ 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 or the properties of the corporation or the receiver or the properties of the corporation or an attaty my manual paper. With all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SI	G١	IA	TI I	R	F٠

Robert John Demino, President

(941) 708400

FILED