2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

04-30-2004 90398 002 ***150.00 P03000134188 DOCUMENT # P03000134188 FILED 1. Entity Name BARBARA PIQUETTE, INC. 04 AUG 26 AM 10: 25 SECRETARY OF STATE Principal Place of Business Mailing Address 15 BREVARD STREET TITUSVILLE FL 32780 15 BREVARD STREET TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number Not Applicable Ζip Country Country \$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 PIQUETTE, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 15 BREVARD STREET TITUSVILLE FL 32780 City 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 little if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FK E 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 States. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition MILE Oetete TITLE PIQUETTE, BARBARA A NAME NAME 15 BREVARD STREET STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP City-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition - HAME MAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ 🗀 Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment

July 29, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Document # P03000134188

Business Name: Barbara Piquette, Inc.

To whom it may concern:

I recently was notified that you intend to dissolve the above referenced corporation. I filed my annual report and paid the associated fee (Check # 806 \$150.00) which was cashed by your office on May 10, 2004.

After contacting your office recently I was informed that you simply lacked my FEI Number.

My FEI No. Is 65-0496963.

Please make the necessary changes to my corporations status. If you have any further questions or need to contact me, you may do so by calling 321-436-0496.

Thank you for your prompt attention to this matter.

Sincerely,

Barbara Piquette

Barbara Piquette

15 Brevard Street

Titusville, Florida 32780