

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135111

Entity Name: S & M HANDYGIRLS, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

8942 DORIS LANE  
JACKSONVILLE, FL 32220 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 37520  
JACKSONVILLE, FL 32236 US

## New Mailing Address:

FEI Number: 20-0405367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YATES, ELIZABETH A  
1814 N. PEARL STREET  
JACKSONVILLE, FL 32206 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: YATES, ELIZABETH A  
Address: 8942 DORIS LANE  
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: VP ( ) Delete  
Name: PHILLIPS, MICHELLE L  
Address: 8942 DORIS LANE  
City-St-Zip: JACKSONVILLE, FL 32220 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH YATES

P

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date