

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000149860

1. Entity Name
FUZZY KNEES, INC.



FILED
04 OCT -5 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6460 ADDAX AVENUE
COCOA, FL 32927 US

Mailing Address
6460 ADDAX AVENUE
COCOA, FL 32927 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

09182004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0464939 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PIPPIN, ROBERT
6460 ADDAX AVENUE
COCOA, FL 32927

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE P SE ☐ Delete
NAME PIPPIN, ROBERT
STREET ADDRESS 6460 ADDAX AVENUE
CITY-ST-ZIP COCOA, FL 32927

TITLE VP,T ☐ Delete
NAME PIPPIN, CLINT
STREET ADDRESS 6460 ADDAX AVENUE
CITY-ST-ZIP COCOA, FL 32927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300041605003
CITY-ST-ZIP 10/05/04--01038--002 **\$50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Robert Pippin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/04 321-632-0626
Date Daytime Phone #