


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90054 040 ***150.00

DOCUMENT # P04000025958	
1. Entity Name THE HERBAL BOUTIQUE, INC.	

Principal Place of Business 2400 W. MICHIGAN AVE SUITE 25 PENSACOLA, FL 32526	Mailing Address 2400 W. MICHIGAN AVE SUITE 25 PENSACOLA, FL 32526
--	--

50013206



02012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 2400 W. Michigan Avenue Suite 9	3. Mailing Address 2400 W. Michigan Avenue Suite 9
--	--

City & State Pensacola, FL	City & State Pensacola, FL
-------------------------------	-------------------------------

Zip 32526	Country USA	Zip 32526	Country USA
--------------	----------------	--------------	----------------

4. FEI Number 20-0649390	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GRIFFEY, MARGARET A 2400 W. MICHIGAN AVENUE SUITE 25 PENSACOLA, FL 32526	7. Name and Address of New Registered Agent Name Griffey, Margaret A. Street Address (P.O. Box Number is Not Acceptable) 2400 W. Michigan Avenue Suite 9 City Pensacola FL 32526
--	---

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 <u>Margaret A. Griffey</u>	Margaret A. Griffey, Registered Agent 2/1/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFEY, KENNETH E 3320 FRIDINGER DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFEY, MARGARET A 3320 FRIDINGER DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Margaret A. Griffey</u>	Margaret A. Griffey, President 2/1/05