

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90097 047 ***150.00

DOCUMENT # P04000029813

1. Entity Name
MIX-IT-UP, INC.



Principal Place of Business
121 NORTH ROSCOE BOULEVARD
PONTE VEDRA BEACH, FL 32082 US

Mailing Address
121 NORTH ROSCOE BOULEVARD
PONTE VEDRA BEACH, FL 32082 US

50028304



2. Principal Place of Business
626 MARSH LANDING
PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

02232005 Chg-P CR2E034 (10/03)

City & State
JACKSONVILLE BEACH FL

City & State

4. FEI Number
11-3712865

Applied For
Not Applicable

Zip
32250

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEARING, MARK C
2215 SOUTH THIRD STREET
#101
JACKSONVILLE BEACH, FL 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
P
COTE, BRIAN
121 NORTH ROSCOE BOULEVARD
PONTE VEDRA BEACH, FL 32082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
COTE, ALLISON
121 NORTH ROSCOE BOULEVARD
PONTE VEDRA BEACH, FL 32082 ☐ Delete

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

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☐ Change ☐ 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: Kimberly Caramuta KIMBERLY CARAMUTA

3/17/05

904-982-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #