

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 050 ***550.00

DOCUMENT # P36720

1. Entity Name

CHURCHILL'S CONFECTIONERY PLC CO.



Principal Place of Business

3232 S.W. 2ND AVENUE
#114-115
FT. LAUDERDALE FL 33315
US

Mailing Address

3232 S.W. 2ND AVENUE
#114-115
FT. LAUDERDALE FL 33315
US

04075101



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0303172

Applied For

Not Applicable

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

EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVE.
SUITE 1100
FT. LAUDERDALE FL 33301

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	DC	<input type="checkbox"/> Delete
NAME	BODNITZ, ALLAN H.	
STREET ADDRESS	114 FRANKLYN GARDENS	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	BODNITZ, JEANNETTE C.	
STREET ADDRESS	114 FRANKLYN GARDENS	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	23 PRINCES AVE.	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	M	<input type="checkbox"/> Delete
NAME	SAUNDERS, SHERRY	
STREET ADDRESS	6007 BAYVIEW DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry L. Saunders

Date

9/13/04

Daytime Phone #

954-764
8125