


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90391 001 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P93000065255 | | | |  | |
| 1. Entity Name DANA'S TOUCH BOUTIQUE, INC. | | | | | |
| Principal Place of Business 790 SOUTH GULFVIEW BLVD CLEARWATER, FL 33767 | | | Mailing Address 790 SOUTH GULFVIEW BLVD CLEARWATER, FL 33767 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip 33767-2648 | | Country | | Zip 33767-2648 | |
| Country | | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KOTYLAK, DANA 119 13TH ST BELLEAIR BEACH, FL 33786 | | | | Name <u>Dana Kotylak</u> Street Address (P.O. Box Number is Not Acceptable) <u>790 South Gulfview Blvd</u> City <u>Clearwater</u> <u>FL</u> Zip Code <u>33767-2648</u> | |
| 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>Dana Kotylak</u> <u>DANA KOTYLAK</u> <u>P</u> <u>1/29/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOTLAK, DANA <input type="checkbox"/> Delete 119 13TH ST BELLEAIR BCH, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DANA KOTYLAK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 790 South Gulfview Blvd Clearwater FL 33767-2648 | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| 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>Dana Kotylak</u> <u>DANA KOTYLAK</u> <u>1/29/04</u> <u>823-4437004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |