

2004 FOR PROFIT CORPORATION ANNUAL REPORT.(AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 009 ***158.75

DOCUMENT # P94000030807

1. Entity Name

SUNGLASS WORLD OF NORTHWEST FLORIDA, INC.



Principal Place of Business

C/O SUNGLASS WORLD
1915 WILSON AVE. G-5
PANAMA CITY FL 32405

Mailing Address

C/O SUNGLASS WORLD
1915 WILSON AVE. G-5
PANAMA CITY FL 32405

2. Principal Place of Business

2403 Jenks Ave.

3. Mailing Address

2403 Jenks Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL.

4. FEI Number

59-3236189

Applied For

Not Applicable

Zip

32405

Country

Bay

Zip

32405

Country

Bay

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

ADOLF, PATRICIA B
1915 WILSON AVE. G-5
PANAMA CITY FL 32405

Name

ADOLF, PATRICIA B. (Same as before)

Street Address (P.O. Box Number is Not Acceptable)

2403 Jenks Ave.

City

PANAMA CITY

FL

Zip Code
32405

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

Patricia Adolf

Patricia Adolf, President

03/04/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ADOLF, PATRICIA B	
STREET ADDRESS	1915 WILSON AVE. G-5	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE	D	☐ Delete
NAME	ADOLF, JOHN E	
STREET ADDRESS	1915 WILSON AVE. G-5	
CITY-ST-ZIP	PANAMA CITY FL 32405	

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	2403 Jenks Ave.	
CITY-ST-ZIP	Panama City, FL 32405	

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2403 Jenks Ave.	
CITY-ST-ZIP	Panama City, FL 32405	

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

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

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

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:

Patricia Adolf

Patricia Adolf, President 03/04/04 (850) 763-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #