2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000077984

1. Entity Name
SECOND HAND ROSE CORP.

FILED
Apr 28, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1532 SE 14TH ST CAPE CORAL, FL 33990	1532 SE 14TH ST CAPE CORAL, FL 33990

03122004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0534037
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUCKETT, LOIS
1532 SE 14TH ST
CAPE CORAL, FL 33990

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PUCKETT, LOIS
STREET ADDRESS	4403 CORONADO PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	KELSAY, GREGG
STREET ADDRESS	1532 S.E. 14TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	S
NAME	POLING, PATIA
STREET ADDRESS	18190 OLD BAYSHORE RD
CITY-ST-ZIP	N. FT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80033-019 150.00

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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: Lois Puckett Lois Puckett 4-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #