

FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000049631 1. Entity Name FERMENTATIONS IN SEASIDE, INC.	
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Principal Place of Business
25 CENTRAL SQUARE, B1
SEASIDE, FL 32459

Mailing Address
PO BOX 4896
SEASIDE, FL 32459



04282004 No Chg-P CR2ED04 (10/03)

4. FEI Number
50-3321535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NOONAN, PAMELA F
3810 PLAZA ST
COCONUT GROVE, FL 33133

7. 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

(This space, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when withdrawing.)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000140432
04/29/04-80162-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOONAN, BRUCE
STREET ADDRESS	3810 PLAZA ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	S
NAME	NOONAN, PAMELA F
STREET ADDRESS	3810 PLAZA ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	FLECKENSTEIN, EDWARD
STREET ADDRESS	30 BURCH ST
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32458
TITLE	D
NAME	FLECKENSTEIN, JOYCE
STREET ADDRESS	30 BURCH ST
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32458
TITLE	D
NAME	WILLIAMS, DAVID
STREET ADDRESS	RT 2 BOX 411 D BUSCON RV
CITY-ST-ZIP	PITTSBURGH, PA 15641
TITLE	D
NAME	WILLIAMS, ROSEMARY
STREET ADDRESS	RT 2 BOX 411 D BUSCON RV
CITY-ST-ZIP	PITTSBURGH, PA 15641

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Edward Fleckenstein
SIGNATURE AND TYPE IN PRINTS NAME OF PERSON SIGNING ON BEHALF OF CORPORATION

4/26/4

850-231-0167