

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90036 006 ***150.00

DOCUMENT # P95000085281

1. Entity Name

FOR YOU ONLY, INC.



Principal Place of Business

4500 BELVEDERE RD
SUITE 1
HAVERHILL FL 33415

Mailing Address

18053 LAUREL VALLEY RD
FORT MYERS FL 33912

2. Principal Place of Business

18053 Laurel Valley Rd.

3. Mailing Address

18053 Laurel Valley Rd.

Suite, Apt. #, etc.

Fort Myers

Suite, Apt. #, etc.

Fort Myers

City & State

Florida

City & State

Florida

Zip

33912

Country

USA

Zip

33912

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0620595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAX, KARL H
18053 LAUREL VALLEY
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name: **Karl Max**

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

18053 Laurel Valley Rd.

Fort Myers

City

Fort Myers

FL

Zip Code

33912

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] Max

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/27/04

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 **D** ☐ Delete
NAME **MAX, KARL H**
STREET ADDRESS **18053 LAUREL VALLEY RD**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **CHRISTINE, MAX**
STREET ADDRESS **18053 LAUREL VALLEY RD**
CITY-ST-ZIP **FORT MYERS FL 33912**

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
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

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:

[Signature] Max
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/04

Date

(239) 810-0865

Daytime Phone #