

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90037 042 \*\*\*150.00

DOCUMENT # P96000003354



1. Entity Name  
SIMPLY POSH, INC.

Principal Place of Business  
211 EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937

Mailing Address  
211 EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937

54013509



2. Principal Place of Business  
211 EAU GALLIE  
Suite, Apt. #, etc.

3. Mailing Address  
211 EAU GALLIE  
Suite, Apt. #, etc.  
Indian Har Bch

02182004 Chg-P CR2E034 (10/03)

City & State  
Indian Har Bch FL  
Zip  
32937  
Country  
Broward

City & State  
FL 32937  
Zip  
32937  
Country  
Broward

4. FEI Number  
65-0623134  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROSSI, EDNA  
211 EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Edna Rossi*

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	VP	<input type="checkbox"/> Delete
NAME	ROSSI, CHARLES	
STREET ADDRESS	239 LANSING ISLAND DR	
CITY - ST - ZIP	INDIAN HARBOR, FL 32937	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSSI, EDNA	
STREET ADDRESS	239 LANSING ISLAND DR	
CITY - ST - ZIP	INDIAN HARBOR, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

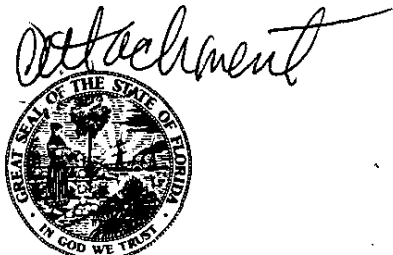
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



540135-09

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 18, 2004

SIMPLY POSH, INC.  
211 EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937

SUBJECT: SIMPLY POSH, INC.  
Ref. Number: P96000003354

*Simply Posh  
271 Eau Gallie  
Indian Har Bch Fl  
32937*

We have received your document for SIMPLY POSH, INC. and check(s) totaling \$50.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 904A00011106