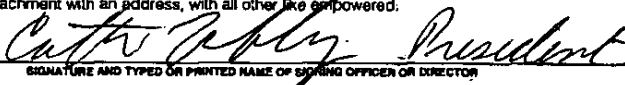


FILED
Jun 09, 2004 8:00 am
Secretary of State

05-20-2004 90008 018 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000034306		
1. Entity Name THE FLORIDA MIST COMPANY, INC.		
Principal Place of Business 1839 GARFIELD ST HOLLYWOOD, FL 33020 US		Mailing Address 1839 GARFIELD ST HOLLYWOOD, FL 33020 US
DO NOT WRITE IN THIS SPACE		
		05072004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0658999		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
TREMBLAY, CATHERINE 1839 GARFIELD ST HOLLYWOOD, FL 33020		DO NOT WRITE IN THIS SPACE
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		President (NOTE: Registered Agent signature required when reinstating) DATE 5-16-04
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREMBLAY, CATHERINE 1839 GARFIELD ST HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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		President Date 6-3-4 Daytime Phone #