

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000072556

1. Entity Name
TWICE BUT NICE, INC.



Principal Place of Business
**5229 W BROWARD BLVD
PLANTATION, FL 33317**

Mailing Address
**5229 W BROWARD BLVD
PLANTATION, FL 33317**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ZIMMER, GERALDINE
3628 SW 21 STREET
FORT LAUDERDALE, FL 33312**

**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. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZIMMER, GERALDINE
STREET ADDRESS	5229 W BROWARD BLVD
CITY-ST-ZIP	PLANTATION, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

1100000452765
03/13/06-80013-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Geraldine K Zimmer*
GERALDINE K Zimmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06

Date

954-581-6423
Daytime Phone #