

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90006 006 ***150.00

DOCUMENT # P96000074634

1. Entity Name
BRIDAL SUITE OF FLORIDA, INC.



Principal Place of Business
**1020 PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US**

Mailing Address
**1020 PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US**



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARVELLI, THOMAS
445 29TH CT SW
VERO BEACH
VERO BEACH, FL 32968**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **CARVELLI, JANE E**
STREET ADDRESS **1020 PORT ST. LUCIE BLVD.**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **VP**
NAME **THOMAS, CARVELLI**
STREET ADDRESS **1020 PORT ST. LUCIE BLVD.**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE
NAME
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CITY-ST-ZIP

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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

Date

Daytime Phone #

7/5/04 772-335-5500

Attachment

44048145
P96000074634

BRIDAL SUITE

1020 SE Port St. Lucia Blvd.
Port Saint Luice Fl. 34952
772-335-550

7/8/04

To whom it may concern,

We did not receive our notice to renew this corporation. I was advised by the person on the State of FL help phone to pay the non late fee of \$150.00. Should you have any question's please contact me.

Thank-you
Thomas Carvelli