

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 035 ***150.00

DOCUMENT # P96000096599



1. Entity Name
SYDNEY MARIE, INC.

Principal Place of Business
**10435 CR 136
LIVE OAK, FL 32060**

Mailing Address
**P O BOX 4781
DOWLING PARK, FL 32064 US**

54065118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

36-4118899

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICKERSON, CHELLE
10435 CR 136
LIVE OAK, FL 32060**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*See Attached Letter

#804A00044525 - Fee=\$150
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 **PT** ☐ Delete
NAME **NICKERSON, W. C**
STREET ADDRESS **10435 CR 136**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **VP** ☐ Delete
NAME **NICKERSON, KIRBY D**
STREET ADDRESS **10435 CR 136**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **ASC** ☐ Delete
NAME **NICKERSON, DEBRA F**
STREET ADDRESS **10435 CR 136**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **SC** ☐ Delete
NAME **NICKERSON, CHELLE M**
STREET ADDRESS **10435 CR 136**
CITY-ST-ZIP **LIVE OAK, FL 32060**

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
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CITY-ST-ZIP

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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: *Chelle M. Nickerson* *Chelle M. Nickerson* *7/24/04* *386-658-3347*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

574065118

JUL 23 2004



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 16, 2004

SYDNEY MARIE, INC.
P O BOX 4781
DOWLING PARK, FL 32064 US

SUBJECT: SYDNEY MARIE, INC.
Ref. Number: P96000096599

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

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

Please attach letter requesting fee abatement.

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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

Tyrone Scott
Document Specialist

Letter Number: 804A00044525

pd
7/24/04
cr# 8447