

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000102494

1. Entity Name

P & T NAILS, INC.



Principal Place of Business
3195 N. STATE ROAD 7
MARGATE FL 33063

Mailing Address
3195 N. STATE ROAD 7
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOLBERT, MICHAEL
3195 N. STATE ROAD 7
MARGATE FL 33063

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME PTD
WOOLBERT, MICHAEL ☐ Delete
STREET ADDRESS 3195 N. STATE ROAD 7
CITY - ST - ZIP MARGATE FL 33063

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
UN00000042932
02/10/04-80020-009 150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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 *Michael J. Woolbert* MICHAEL J. WOOLBERT Pres.

5 FEB 04

954 975 2688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2004 08:00 AM
Secretary of State



MOORE

CR2E034 (11/03)

4. FEI Number 65-0716213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required