

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000056968

1. Entity Name  
PLAYGIRL FASHIONS, INC.



**FILED  
Mar 18, 2004 8:00 am  
Secretary of State**

03-18-2004 90002 047 \*\*\*150.00

Principal Place of Business  
2040 COLLIER AVE.  
FT. MYERS, FL 33901

Mailing Address  
2040 COLLIER AVE.  
FT. MYERS, FL 33901

**54018953**

**DO NOT WRITE IN THIS SPACE**

03062004 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0763951  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 HALING, JOHANNA J  
STREET ADDRESS 2040 COLLIER AVE  
CITY- ST- ZIP FT MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
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:

JOHANNA J. HALING  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (239) 939-7101

Date

Daytime Phone #

JOHANNA J. HALING, Pres