## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT **DOCUMENT # P97000058424** 1. Entity Name INN THE WEEDS, INC. Mailing Address Principal Place of Business P.O. BOX 66322 P.O. BOX 66322 ST. PETERSBURG BEACH, FL 33736 ST. PETERSBURG BEACH, FL 33736 DO NOT WRITE IN THIS SPACE ∼6. Name and Address of Current Registered Agent WHEELER, RENA

8. The above named entity submits this statement for the purpose of changing its registered office of

OFFICERS AND DIRECTORS

Signature, typed or printed name of registered agent and title if applicable.

ST. PETERSBURG BEACH, FL 33736

## FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90459 037 \*\*\*150.00



			HILF THEN I WHILF THIS HE	38 81 8 81	5 ((B)) Q(B)(BE) (( )BB)
		04232004	No Chg-P	CR2E034 (1	0/03)
SPA	CE	4. FEI Number			Applied For
		59-3457	450		Not Applicable
		5. Certificate o	f Status Desired		75 Additional Required
	- rapid states (410), S <sub>ee</sub>	والمالية والمالية والمالية والمالية والمالية والمالية والمالية	رين من الله المدينة أن من المساورة . المراجعة في الكافل المدينة أن من المساورة .	and established	in and the second second
		ם א	NOT W	DITE	f to the second
		ויטעו	NOT W	HIIC	
	1 4	IN T	HIS SF	ACF	
			<u> </u>	: - 77 , * 4,	
g its register	red office or regist	ered agent, or both	, in the State of Flo	orida. I am famili	ar with, and accept
(NOTE: Registere	ed Agent signature requi	red when reinstating)		DATE	
mpaign Fina		5.00 May Be			
Contribution.	. 🗆 At	ided to Fees			
		. j.4,44 . 450 t			12° 4° 4° 4°
	75. ************************************				
			eri kalinda Kananan	oga siyos kali da Ali daya siyati da	
	. t		guy Hi		
				AP A TE	
	1				
	The state of				
	The state of the s	DO-	NOT-W	RITE.	
		in the water that	11.11		
	13 9	IN T	THIS SP	PACE	
				A TOTAL STATE	
	100	الله الأسلام الأسام الأسام المعادم المساملة الأسام ال			
		and the second			
<del></del>					
	· · · · · · · · · · · · · · · · · · ·				A Maria
	■		production and production	- C   1   1   1   1   1   1   1   1   1	and the state of t

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 addises, with all other like empowered.

9. Election Campaign Financing

Trust Fund Contribution.

STREET ADDRESS CITY-ST-ZIP

3535 1ST AVE N

SIGNATURE

10.

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE NAME ≖ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

ST. PETERSBURG, FL 33713

the obligations of registered agent.

D

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

NEWMAN, KEITH

MICKUNAS, PETE

P.O. BOX 7604 N/A ST. PETERSBURG, FL 33734

P.O. BOX 66322 N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

777- 377 · *476.*