

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90048 034 ***150.00

DOCUMENT # P97000071871 1. Entity Name ONCE AGAIN BOUTIQUE, INC.					
Principal Place of Business 12721 MCGREGOR BLVD FORT MYERS, FL 33919			Mailing Address 12721 MCGREGOR BLVD FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address 1308 RIO VISTA FT. MYERS FL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0777112	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DONALDSON, CAROL 12721 MCGREGOR BLVD FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALDSON, CAROL 1308 RIO VISTA FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOUSEMAN, BRADLEY 2529 WRENCREST CIR. VALRICO, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOVSEMAN, BRADLEY 4923 LAKE CREEK VILLAGE CIR., #15102 EDWARDS, CO 81632		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOUSEMAN, RANDALL P.O. Box 4007 GRANBY, COLORADO 80446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSEMAN, RANDALL 4923 LAKE CREEK VILLAGE CIR. #15102 EDWARDS, CO. 81632		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIFFITH, HAZEL 299 DEER SPRINGS LANE WINTERGREEN, VA 22958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, HAZEL 299 DEER SPRINGS LANE WINTERGREEN, VA 22958		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
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: <i>Carol Donaldson Pres.</i>			Date: <i>4-9-04</i> Daytime Phone #: <i>2392758181</i>		