

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000074436

1. Entity Name
BOXES, BASKETS, & BEYOND, INC.



Principal Place of Business

**344 CHENEY HIGHWAY
TITUSVILLE, FL 32780**

Mailing Address

**344 CHENEY HIGHWAY
TITUSVILLE, FL 32780**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3468594

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERSEY, MARK A
3370 GREENVILLE ST.
COCOA, FL 32926**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KERSEY, MARK A
STREET ADDRESS	3370 GREENVILLE STREET
CITY - ST - ZIP	COCOA, FL 32926
TITLE	ST
NAME	KERSEY, EILEEN S
STREET ADDRESS	3370 GREENVILLE STREET
CITY - ST - ZIP	COCOA, FL 32926
TITLE	D
NAME	KEHOE, WILLIAM M
STREET ADDRESS	352 COUNTRY LANE DR
CITY - ST - ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/25/05-80143-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eileen S Kersey Sec/Treas 4/18/05 3212699900