

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000079648

1. Entity Name
PANDORA'S INC.



Principal Place of Business
4414 MOHICAN TRAIL
VALRICO, FL 33594

Mailing Address
4414 MOHICAN TRAIL
VALRICO, FL 33594



DO NOT WRITE IN THIS SPACE

02112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3479536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST-MOFFITT, PANDORA
4414 MOHICAN TRAIL
VALRICO, FL 33594

**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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
WEST-MOFFITT, PANDORA
4414 MOHICAN TRAIL
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MOFFITT, GLENN
4414 MOHICAN TRAIL
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
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CITY-STATE-ZIP

U00000431639
02/23/06 00036 019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without the authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 11, 2006

Date

813-655-9273

Daytime Phone #