2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000083503

1. Entity Name
PJ'S TROPICAL FOLIAGE, INC.

Principal Place of Business	Mailing Address
2854 QUAIL HOLLOW RD. W. CLEARWATER, FL 33761	2854 QUAIL HOLLOW RD. W. CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3473031	Not Applicable

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

6. **Name and Address of Current Registered Agent**

SIBEN-BRIGHT, WENDY
2854 QUAIL HOLLOW RD. W.
CLEARWATER, FL 33761

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000115038
04/16/04-80008-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIBEN-BRIGHT, WENDY
STREET ADDRESS	2854 QUAIL HOLLOW RD. W.
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	D
NAME	BRIGHT, HOWARD W
STREET ADDRESS	2854 QUAIL HOLLOW RD. W.
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _Wendy Siben Bright_ Wendy SibenBright   4/14/04 727-536-9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #