

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

08-09-2004 90001 013 ***150.00
P97000094041

DOCUMENT # P97000094041

1. Entity Name
FOILED AGAIN, INC.



Principal Place of Business
**1586 HIGHLAND AVENUE
MELBOURNE, FL 32935**

Mailing Address
**3201 PINEAPPLE AVENUE
MELBOURNE, FL 32935**

FILED

04 AUG 16 PM 4:09

**SECRETARY OF STATE
TALLAHASSEE, FL 32304**



08032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480972

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EXTEIN, SUSAN M
C/O MAXINE'S SALON & SPA
2715 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EXTEIN-ELAM, SUSAN M 3201 PINEAPPLE AVE. MELBOURNE, FL 32935
TITLE NAME 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 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: *Susan M Extein - Elam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 54067338
097000094041
Maxines Salon & Spa

1586 Highland Avenue
Melbourne, FL 32935

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: FEI# 59-3480972

To whom it may concern,

Enclosed is my check for \$150.00

I apologize for this being mailed late. As per my conversation with your office today, I was certain that this had already been mailed to you back in January. After researching this, I did not find that a check had been mailed.

Back in January, I had a group of disgruntled employees (who have since been let go as of February 2004,) A lot of very important paperwork/mail was found to be missing (most likely thrown away.) We encountered a very similar problem with the IRS involving our 2003 4th quarter 941 and our 940 that would have been mailed out at the same time. I believe that it all stems from this unfortunate situation.

If you need any further information, please feel free to contact me at (321) 253-2054.

Thank you

Sincerely,

Susan M. Extein-Elam

Susan M. Extein-Elam
President