

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90185 046 ***150.00

DOCUMENT # P98000020014

1. Entity Name
EMERALD LADIES' JOURNAL, INC.



Principal Place of Business

9800 EMMA WAY
NAVARRE, FL 32566

Mailing Address

10859 EMERALD COAST PKWY W,
#4-171
DESTIN, FL 32550 US



2. Principal Place of Business

9800 Emma Way

3. Mailing Address

10859 EMERALD COAST PKWY
Suite, Apt. #, etc.
WEST #4-171

05032004

Chg-P

CR2E034 (10/03)

City & State

NAVARRE FL

City & State

DESTIN, FL

4. FEI Number

59-3496246

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA

Zip

32550

Country

WALTON

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

6. Name and Address of Current Registered Agent

BROWN, ALEXANDRA R
66 INDIGO LOOP
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Alexandra R. Brown

Street Address (P.O. Box Number is Not Acceptable)

~~PO Box 610~~

City

FL

Zip Code

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 Alexandra R. Brown

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.30.04

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TROSPER, JULIE A
9800 EMMA WAY
NAVARRE, FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
TROSPER, WM DEAN
9800 EMMA WAY
NAVARRE, FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Julie A. Trospa