

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90007 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000034431** ✓

1. Corporation Name

IT MAKES NATURAL SENSE, INC.



Principal Place of Business
**5818 CORKWOOD CT
HOLIDAY FL 34690**

Mailing Address
**5818 CORKWOOD CT
HOLIDAY FL 34690**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

2. Principal Place of Business

21 4146 US 19

2a. Mailing Address

26 5818 CORKWOOD CT

4. FEI Number

59350 8522

Applied For

Not Applicable

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27 N/A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 New Port Richey, FL

City & State

28 Holiday, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 34652

Country

25 PASCO

Zip

29 34690

Country

30 PASCO

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CACERES, MARY
5818 CORKWOOD CT
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Mary + Caceres

7/6/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CACERES, MARY**
STREET ADDRESS **5818 CORKWOOD CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ DELETE

NAME **CACERES, JULIO**
STREET ADDRESS **5818 CORKWOOD CT**
CITY-ST-ZIP **HOLIDAY FL 34690**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary + Caceres

7/6/99

727 845 7445

CR2E034 (5/99)

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7/6/99 588758-
90007
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Dear Division of Corp.

I am sending this letter to explain to you that I did not ever receive notice of Corp taxes due. This is my first year I was unaware. I called the office as soon as I got this packet. They told me to send this letter, the form, and a check for 150.00. Please find enclosed.

Thank you very much,
Mary Caceres

Mary Caceres
IT MAKES NATURAL SENSE, INC.
5818 Corkwood Ct
Holiday FL 34690
Doc # P98000034431