

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035209

1. Entity Name
JULIE'S PRIDE & GROOM, INC.



Principal Place of Business
**8548 N DALE MABRY HWY
STE 1 C
TAMPA, FL 33614 US**

Mailing Address
**8548 N DALE MABRY HWY
STE 1 C
TAMPA, FL 33614 US**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3519815 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JULIE O
8548 N DALE MABRY HWY
SUITE 1-C
TAMPA, FL 33614**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

**U00000153543
05/04/04-80130-022 158.75**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMAS, JULIE B
STREET ADDRESS 8548 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33614

TITLE SD
NAME RODRIGUEZ, SANDY
STREET ADDRESS 8548 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julie O. Thomas *Julie O. Thomas* *4-30-04* *813-293-6892*