

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90124 016 ***150.00

DOCUMENT # P98000037734

1. Entity Name
HYPNOTIQUE INC.



Principal Place of Business
1036 PARK STREET
JACKSONVILLE, FL 32204

Mailing Address
1036 PARK ST
JACKSONVILLE, FL 32204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3509662

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARITON, CURTIS
1049 PARK ST.
JACKSONVILLE, FL 32204

Name

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

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

(Register, appoint or appoint name of registered agent and title if appropriate)

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CHARITON, CURTIS
STREET ADDRESS 1049 PARK ST
CITY- ST- ZIP JACKSONVILLE, FL 32204

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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)(f), 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:

C. Chariton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-05

904 358 7288

Date

Telephone #

Attachment

5-2-05

P98000037734

40080535

I DID NOT RECEIVE THE

ANNUAL REPORT RENEWAL NOTICE,

REF. DOCUMENT # P98000037734

~~C. Chariton~~

~~CURTIS CHARITON~~

HYPNOTIQUE INC.

1036 PARK ST

JAX, FL 32204