

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90033 039 \*\*\*150.00

**DOCUMENT # P98000046017**

1. Entity Name

ALWAYS & FOREVER, INC.



Principal Place of Business

37 WEST OSCEOLA STREET  
STUART FL 34994  
US

Mailing Address

37 WEST OSCEOLA STREET  
STUART FL 34994  
US

54023712



MOORE CR2E034 (11/03)

2. Principal Place of Business

2650 SE Willoughby Blvd

Suite, Apt. #, etc.

3. Mailing Address

2650 SE Willoughby Blvd

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34994

Country

Martin

Zip

34994

Country

Martin

4. FEI Number

65-0838706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETITT, RICHARD G  
3535 SE DOUBLETON DRIVE  
STUART FL 34997

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PETITT, BARBARA A	
STREET ADDRESS	3535 SE DOUBLETON DR.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPCS	<input type="checkbox"/> Delete
NAME	PETITT, RICHARD G	
STREET ADDRESS	3535 SE DOUBLETON DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETITT, BRIAN	
STREET ADDRESS	3286 SW SOLITUDE PALM DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETITT, LORRAINE	
STREET ADDRESS	3286 SW SOLITUDE PALM DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETITT, COLLEEN	
STREET ADDRESS	3535 SE DOUBLETON	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Liput	
STREET ADDRESS	3862 SW Coquina Cove Way #101	
CITY-ST-ZIP	Palm City, FL 34990	

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:

*Richard G. Pettit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

772-720-6941

Daytime Phone #