

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000057994

1. Entity Name

TAMARAC FRUIT STAND INC.



Principal Place of Business

4160 NW 106 AVE  
CORAL SPRINGS FL 33065

Mailing Address

4160 NW 106 AVE  
CORAL SPRINGS FL 33065

5650 CAMINO DEL SOL

2. Principal Place of Business

# 105

3. Mailing Address

5650 CAMINO DEL SOL

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

# 105

City & State

FL.

City & State

BOCA RATON, FL

Zip

33433

Country

Zip 33433

Country

6. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T  
6221 BANYAN TERRACE  
PLANTATION FL 33317

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME SMITH, ROSSWELL  
STREET ADDRESS 4160 NW 106 AVE 5650 CAMINO DEL SOL  
CITY-ST-ZIP CORAL SPRINGS FL 33065 BOCA RATON FL.

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SMITH, BARBARA  
STREET ADDRESS 4160 NW 106 AVE 5650 CAMINO DEL SOL  
CITY-ST-ZIP CORAL SPRINGS FL 33065 BOCA RATON, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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: *Barbara J. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Apr 14, 2004 8:00 am  
Secretary of State**

04-14-2004 90079 006 \*\*\*150.00



MOORE CR2E034 (11/03)

4. FEI Number 65-0879081  Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Zip Code

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

4-1-04

Date

Daytime Phone #