

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM  
Secretary of State

|                                                              |                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P98000059984<br>1. Entity Name<br>TEAS ETC., INC. |  |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>143 EDGEWOOD DRIVE<br>WEST PALM BEACH, FL 33405 | Mailing Address<br>143 EDGEWOOD DRIVE<br>WEST PALM BEACH, FL 33405 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



03312004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0848886 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                    |
|-----------------------------------------------------------|------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fees Required |
|-----------------------------------------------------------|------------------------------------|

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>JOHNSTON, BETH M<br>143 EDGEWOOD DRIVE<br>WEST PALM BEACH, FL 33405 |
|----------------------------------------------------------------------------------------------------------------------------|

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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 _____<br><small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

|                                                                                     |                                |
|-------------------------------------------------------------------------------------|--------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|--------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSTON, BETH M<br>143 EDGEWOOD DRIVE<br>WEST PALM BEACH, FL 33405 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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04/19/04-80015-019 150.00

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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: <u>Beth M. Johnston</u> , Director                                     | Date: <u>4/18/04</u> | Daytime Phone #: <u>561-832-6695</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                      |                                      |