

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 006 ***150.00

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1. Entity Name

2 DYE 4 - FETTUCINI KIDS CO.



Principal Place of Business
9882 SAVONA WILDS DR
DELRAY BEACH FL 33446

Mailing Address
2900 W SAMPLE RD
POMPANO BEACH FL 33073



2. Principal Place of Business - No P.O. Box #

2 DYE 4 - FETTUCINI KIDS CO.
Suite, Apt. #, etc.
2900 W. SAMPLE RD.
City & State
POMPANO BEACH FL

3. Mailing Address

2 DYE 4 - FETTUCINI KIDS CO.
Suite, Apt. #, etc.
19594 SATURNIA LAKES DR.
City & State
BOCA RATON FL

1st MOORE

CR2E034 (10/06)

City & State

City & State

Zip
33073

Country
USA

Zip
33498

Country
USA

4. FEI Number 65-0859259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PACKMAN, ALAN C
98820 SAVONA WINDS DRIVE
DELRAY BEACH FL 33446

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, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PACKMAN, ALAN C
19594 SATURNIA
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/D
PACKMAN, MERLE
19594 SATURNIA LAKES DR
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
19594 SATURNIA LAKES DR.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #