

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000075745

1. Entity Name

HIBISCUS STUDIOS INC.



Principal Place of Business

3640 N OCEAN DRIVE #429
% DEE ANNE DYKE
SINGER ISLAND FL 33404

Mailing Address

3640 N OCEAN DRIVE #429
% DEE ANNE DYKE
SINGER ISLAND FL 33404



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0903271

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

DYKE, DEE ANNE
HIBISCUS STUDIOS INC
3640 N OCEAN DRIVE #429
SINGER ISLAND FL 33404

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTSD
DYKE, DEE ANNE
3640 N OCEAN DRIVE, APT 429
SINGER ISLAND FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000612315
02/02/07-80096-021 150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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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:

Dee Anne Dyke DEE ANNE DYKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/07

Date

Daytime Phone #