FILED
Sep 10, 2004 8:00 am
Secretary of State
09-10-2004 90004 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000077390

1. Entity Name
SMOOTHIE ADVENTURES I, INC.

54072450

Principal Place of Business	Mailing Address
3617 CROWN POINT RD #1 JACKSONVILLE, FL 32257	3617 CROWN POINT RD #1 JACKSONVILLE, FL 32257
2. Principal Place of Business: 1814 Hendricks Ave	3. Mailing Address: 1814 HENDRICKS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL.	City & State: Jacksonville, FL.
Zip: 32207 Country: DUVAL	Zip: 32207 Country: DUVAL

05112004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3531844 ☐ 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
LAWRENCE, GEORGE A 3679 RUSTIC LANE JACKSONVILLE, FL 32217	Name: LAWRENCE, George A Street Address (P.O. Box Number is Not Acceptable): 1814 HENDRICKS AVE City: Jacksonville FL Zip Code: 32207

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] 9/1/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, GEORGE A 3679 RUSTIC LANE JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, BRANT A 3679 RUSTIC LANE JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 9/1/04 (904) 399-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #