

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 8:00 am
Secretary of State

03-16-2004 90032 043 ***150.00

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1. Entity Name
ELSA KAY, INC.



Principal Place of Business
**2945 A E BAY DRIVE
LARGO, FL 33771**

Mailing Address
**2945 A E BAY DRIVE
LARGO, FL 33771**

bb410515



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3551916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SABLESKI, VALERIE
1428 ROSE STREET
CLEARWATER, FL 33756**

**DO NOT WRITE
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

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**

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
**OP
SABLESKI, VALERIE
1428 ROSE STREET
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
PETRO, VALERIE
2945 A E BAY DRIVE
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Valerie Sableski Valerie Sableski

4/2/04

(727)
532-4594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #