2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED				
DOCUMENT # P99000053109 1. Entity Name								Feb 07, 2004 08:00 AM Secretary of State				
STANICA SARA CAFFEE P.A.							/ 	Secre	ctai y	oi Stat	. C	
Principal Place	of Business	Mailing A	Mailing Address									
13795 TERN I CLEARWATE			13795 TERN LN. CLEARWATER FL 33762									
2. Principal Pla	ace of Busine	3. Mailing	3. Mailing Address				The state of the s					
Suite, Apt. #			Suite, Apt. #, etc.				MOORE	CR2E03	14 (11/03)			
City & State				City & State Zip Countr			4. F	59-357963	88	No	ot Applicable	
Zıp	Zip Country		Ζιp	Z _i p Cau		try	5 . C	Certificate of Status Desired		\$8.75 Add Fee Required		
	and Address of Cur	'		7. N	lame and Address of New	Registered	i Agent					
						Name	•					
1379	FEE, STA 25 TERN L ARWATE!					s (P.O. B	ox Number is Not Acceptab	ole)				
					City			F	Zip Code	e		
	named entity		ent for the purpos	e of changing its	register	ed office or regist	tered age	ent, or both, in the State of F		l	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rollstating) DATE												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								 Election Campaign for Trust Fund Contribut 			10 May Be to Fees	
10.		OFFICERS	AND DIRECTORS	,	11.		AD	DITIONS/CHANGES TO O	FICERS AN	ID DIRECTOR	5 IN 11	
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NAME CAFFEE, STANICA S STREET ADDRESS 13795 TERN LN.					NAM	ET ADDRESS						
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NAME	- <u> </u>			NAI				U00000039790 02/09/04-80021-003 155		102 ICC (. កក	
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CITY-ST-ZIP	multifu et v st	loformey-=	ol with this fitter.	non mot mucht. Fr		'-ST-ZIP	Saction	119.07/31/i) Florida Statuta	a I further o	artify that the	information	
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 of 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.												
SIGNAT	URE: _	Volaco	Laft	1 SMA	uch	SARA CH	FICE	-X-04-C	14_	Dardime Fhane k		

A SPANICA SARA CUFFEE 2 - 04 - 04
SIGNING OFFICER OR DIRECTOR

DATE

Date