| ANNUAL REPORT | | | | FILED Mar 15, 2004, 08:00 AM | |
|--|--|---|---------------------------------------|---|--|
| DOCUMENT # P99000057376 1. Entity Name SELISA, INC. | | | | Mar 15, 2004 08:00 AM Secretary of State | |
| | | Mailing Address 2808 60TH AVE. WEST BRADENTON, FL 34207 | | ב נוספוועניה וווון איניגע וווון איניגע אוווע אוווע איניגע אוווע איניגע אוווע איניגע אוווען איניגע אוווען איניגע ב נוספון וו איניגע גע ג | |
| · | | | | 01212004 No Chg-P CR2E034 (10/03) | |
| D | O NOT WRITE | IN THIS SPA | ACE | 4. FEI Number Applied For 65-0932547 Not Applicable 5. Certificate of Status Desired \$8.75 Additional | |
| | | · · · · · · · · · · · · · | <u> </u> | Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | A CONTRACTOR OF STREET, AND A CONTRACTOR OF STREET, AND A CONTRACTOR OF STREET, AND A CONTRACTOR OF STREET, A C | |
| EVANS, STANLEY 2808 60TH AVE. WEST BRADENTON, FL 34207 | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | IN THIS SPACE | |
| | named entity submits this statement for ons of registered agent. | the purpose of changing its regis | tered office or register | red agent, or both, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE | | | | | |
| | E NOWIII FEE IS \$150.00 by 1, 2004 Fee will be \$550.0 Officers and c | | | .00 May Be bed to Fees | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONOVAN, LISA 2808 60TH AVE. WEST BRADENTON, FL 34207 | | | U00000088142 03/15/04-80040-003 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ſ | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 antices, with all other like empowered. | | | | | |
| SIGNATURE: (741)736-7736- MICKATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day little AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY LITTLE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |