

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000071022

1. Entity Name
ANTI-OXIDENT, INC.



Principal Place of Business
2702 NE 24TH ST
LIGHTHOUSE PT., FL 33064

Mailing Address
2702 NE 24TH ST
LIGHTHOUSE PT., FL 33064

FILED
Apr 15, 2004 08:00 AM
Secretary of State



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0934441

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JOHN C ESQ
4800 N. FEDERAL HWY., SUITE A-207
BOCA RATON, FL 33431

**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
D
RIORDAN, MARY A
2702 NE 24TH ST
LIGHTHOUSE PT., FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RIORDAN, ROBERT
2702 NE 24 ST.
LIGHTHOUSE PT., FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U000000114427
04/15/04-80049-012 150.00

**DO NOT WRITE
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/04

Date

957 946 6263

Daytime Phone #