

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098917

FILED
May 01, 2004
Secretary of State

Entity Name: PALATE ABILITY, INC.

Current Principal Place of Business:

1358 NORTH HIGHLAND AVE.
ATLANTA, GA 30306

New Principal Place of Business:

Current Mailing Address:

1358 NORTH HIGHLAND AVE.
ATLANTA, GA 30306

New Mailing Address:

FEI Number: 58-2511295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, JAMES E ESQ.
LARSON & LARSON, P.A., 11199 69TH ST. NORTH
LARGO, FL 337735504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUCKLEY, SARAH E
Address: 1358 NORTH HIGHLAND AVE.
City-St-Zip: ATLANTA, GA 30306

Title: D () Delete
Name: WORSHAM, SUSAN ASHLEY
Address: 1358 NORTH HIGHLAND AVE.
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WORSHAM

PRES

05/01/2004

Electronic Signature of Signing Officer or Director

Date