


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90067 040 ***150.00

DOCUMENT # P99000102256 1. Entity Name DR. SUDS, INC.					
Principal Place of Business P.O. BOX 555849 ORLANDO, FL 32855-5849			Mailing Address 717 E. OAK ST. KISSIMMEE, FL 34744		
2. Principal Place of Business 1228 Hempel Avenue Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Gotha, FL Zip 34734		City & State Country US		4. FEI Number 59-3610774	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BAUMRUK, ANDREW J CPA 717 E. OAK ST. KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MICHAEL, KEVIN 133 MAIN ST. WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1228 Hempel Avenue Gotha, FL 34734	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MICHAEL, ROBERT KYLE 12862 NEW YORK WOODS CIRCLE ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5550 PGA Blvd. Apt. 5118 Orlando, FL 32839	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			4-12-04 Date Daytime Phone #		