

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S12328

1. Entity Name
AUGUST THIRTY, INC.



Principal Place of Business
**7514 CASTLE DR
SARASOTA, FL 34240 US**

Mailing Address
**4411 BEE RIDGE RD
SUITE 629
SARASOTA, FL 34233 US**



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0230790

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VOGAN, RHONDA
7514 CASTLE DRIVE
SARASOTA, FL 34-2403**

**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

Rhonda Vogan

RHONDA VOGAN

4-8-04

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

**P
TAYLOR, BEVERLY
7514 CASTLE DRIVE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000108880
04/12/04-80021-005 150.00

**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:

Beverly Taylor
BEVERLY TAYLOR
President
4-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #