## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 11, 2004 08:00 AM DOCUMENT # V57060 **Secretary of State** 1. Entity Name EASY AND COMPANY UNLIMITED, INC. Principal Place of Business Mailing Address 1574 WEST BREEZY LANE WEST PALM BEACH FL 33417 1574 WEST BREEZY LANE WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apr #, etc CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0352268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLUE, TERRY W. 1574 W BREEZY LN Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33417 City 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 Signature, typod or pitted name of registered agont and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete T133 F Change Addition MAME PLUE, TERRY W. NAME U00000084368 1574 W BREEZY LN STREET ADDRESS STREET ADDRESS 03/11/04-80003-017 150.00 WEST PALM BEACH FL CITY - ST - ZIP CETY-ST-ZEP TITLE n Defete ☐ Change Addition PLUE, MARGARET L. NAME NAME STREET ADDRESS 1574 W BREEZY LN STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TELL ☐ Delete រនាទ ☐ Change ☐ Addition HAMAC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE Trelete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. If 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 address, with all other like empowered

**FILED** 

SIGNATURE: MARGARETI. Plus 3-9-04 (561)687-2548