
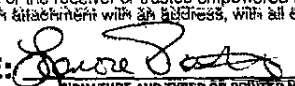


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K72128 1. Entity Name SUGAR DADDY'S SWEET SHOP OF MADEIRA BEACH, INC.		
Principal Place of Business 110 JOHN'S PASS BOARDWALK MADEIRA BCH, FL 33708	Mailing Address 8310 NORWOOD RD LARGO, FL 33777	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PORTELLI, THOMAS A. 8310 NORWOOD RD LARGO, FL 33777		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PORTELLI, THOMAS A 8310 NORWOOD RD LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PORTELLI, LENORE 8310 NORWOOD RD LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I 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.		
SIGNATURE:  LENORE PORTELLI FEBRUARY 23 2005 (727) 397-1620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2940179

Applied For
Not Applicable

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

U00000244183
02/26/05-80011-005 150.00

**DO NOT WRITE
IN THIS SPACE**