

ANNUAL REPORT

APPROVED AND FILED

06 MAR 14 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ESB



01262006 No Chg-P CR2E034 (11/05)

DOCUMENT # P01000066283

1. Entity Name
ANN'S NUT & FRUIT CAKE INC.



Principal Place of Business
926 LAKE BISCAIYNE WAY
ORLANDO, FL 32824

Mailing Address
2626 EAGLE MEADOW LN
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3734242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, ANN
926 LAKE BISCAIYNE WAY
ORLANDO, FL 32824

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PO STEWART, ANN 926 LAKE BISCAIYNE WAY ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO PARRIS, MERLENE 4 OAKDALE DR WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100068558441
03/24/06--01004--032 **150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ann Stewart* 3/6/06 407 5181437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #