## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 04, 2005 8:00 am Secretary of State DOCUMENT # \$38014 1. Entity Name 05-04-2005 90171 046 \*\*\*150.00 YUMMIES ENTERPRISES, INC. Principal Place of Business Mailing Address 5005 ST RT 776 VENICE FL 34293 3228 JUNO ROAD VENICE FL 34293 50047654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0254021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUDITH NUGENT NUGENT, CHARLES DAVID Street Address (P.O. Box Number is Not Acceptable) 3228 JUNO ROAD VENICE FL 34293 3228 JUNO RD. City 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. 6/6-05 DATE SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change HILE ☐ Addition ☐ Delete TITLE NUGENT, JUDITH NUGENT, CHARLES DAVID NAME NAME 3228 JUNO RD. 3228 JUNO ROAD STREET ADDRESS STREET ADDRESS VENICE, FL. 34293 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP ۷D NUGENT, CHARLES DAVID ☐ Delete TITLE ☐ Addition NAME NUGENT, JUDITH NAME 3228 JUNO RD STREET ADDRESS 3228 JUNO ROAD STREET ADDRESS VENICE, FL. 34293 CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP TITLE TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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. Date

12. Thereby 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