

FILED

May 03, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000067586			
1. Entity Name CANDYBAR INVESTMENTS, INC.			
Principal Place of Business 7630 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446		Mailing Address 7630 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446	
DO NOT WRITE IN THIS SPACE		04222005 No Chg-P CR2E034 (10/05)	
		4. FEI Number 65-1117518	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ROSS 7630 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446		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 _____ Signature, typed or printed name of registered agent and (if applicable) (NOTED: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D CLARK, ROSS 7630 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, EILEEN 7630 PORTO VECCHIO PL DELRAY BEACH, FL 33446		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. 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: 		4/28/05 561-638-2440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	