

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000082514

**Entity Name:** SWEET PEA CONSORTIUM, INC.

**Current Principal Place of Business:**

7840 62ND STREET N.  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

7840 62ND STREET N.  
PINELLAS PARK, FL 33781 US

**FEI Number:** 93-4670662

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMP, RYAN S  
7840 62ND STREET N.  
PINELLAS PARK, FL 33781 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            CAMP, RYAN S  
Address        7840 62ND STREET N.  
City-State-Zip: PINELLAS PARK FL 33781

Title            DIR  
Name            CAMP, JENNY E  
Address        7840 62ND STREET N.  
City-State-Zip: PINELLAS PARK FL 33781

Title            PRES  
Name            CAMP, RYAN S  
Address        7840 62ND STREET N.  
City-State-Zip: PINELLAS PARK FL 33781

Title            VP  
Name            CAMP, JENNY E  
Address        7840 62ND STREET N.  
City-State-Zip: PINELLAS PARK FL 33781

Title            TRES  
Name            CAMP, RYAN S  
Address        7840 62ND STREET N.  
City-State-Zip: PINELLAS PARK FL 33781

Title            SEC  
Name            CAMP, JENNY E  
Address        7840 62ND STREET N.  
City-State-Zip: PINELLAS PARK FL 33781

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RYAN CAMP**

**OWNER**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date