


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

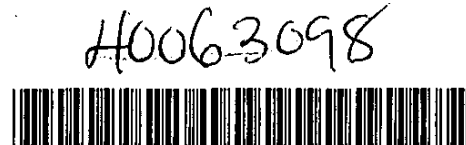
**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90292 002 \*\*\*150.00

<b>DOCUMENT # 558036</b> 1. Entity Name SUGAR AND SPICE, INC.	
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Principal Place of Business 1616 EAST MAIN ST PO BOX 579 PAHOKEE, FL 33476	Mailing Address 1616 EAST MAIN ST PO BOX 579 PO Box 623 PAHOKEE, FL 33476
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**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2313645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS-ROBERTS, DONIA  
1616 EAST MAIN STREET  
PAHOKEE, FL 33476

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS-ROBERTS, DONIA 1616 E. MAIN ST. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HORNER, BETH 1616 E MAIN ST PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOHMANN, ANGEE 1616 E MAIN ST PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, JAYNA 1616 E MAIN ST PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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:** *Donia A. Roberts* President 4/13/05 (561) 993-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #