

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 558036

FILED
Apr 10, 2008
Secretary of State

Entity Name: SUGAR AND SPICE, INC.

Current Principal Place of Business:

709 NE 3RD ST
BELL GLADE, FL

New Principal Place of Business:

Current Mailing Address:

PO BOX 579
PAHOKEE, FL 33476

New Mailing Address:

709 NE 3RD ST
BELL GLADE, FL

FEI Number: 59-2313645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS-ROBERTS, DONIA
1100 N. MAIN ST, STE C
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS-ROBERTS, DONIA,
Address: 1616 E. MAIN ST.
City-St-Zip: PAHOKEE, FL

Title: STD () Delete
Name: HORNER, BETH,
Address: 1616 E MAIN ST
City-St-Zip: PAHOKEE, FL

Title: VPD () Delete
Name: LOHMANN, ANGEE,
Address: 1616 E MAIN ST
City-St-Zip: PAHOKEE, FL

Title: VPD () Delete
Name: ADAMS, JAYNA,
Address: 1616 E MAIN ST
City-St-Zip: PAHOKEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS-ROBERTS, DONIA,
Address: 1100 N MAIN ST. SUITE C
City-St-Zip: BELLE GLADE, FL 33430

Title: STD (X) Change () Addition
Name: HORNER, BETH,
Address: 709 NE 3RD STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: VPD (X) Change () Addition
Name: LOHMANN, ANGEE,
Address: 1109 NE 2ND STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: VPD (X) Change () Addition
Name: ADAMS, JAYNA,
Address: 1641 SE AVE I
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGEE LOHMANN

VPD

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date