
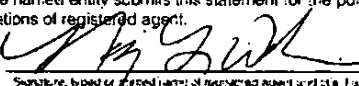
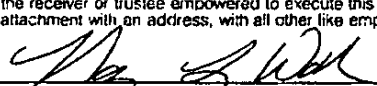


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-15-2008 90023 041 ***150.00

DOCUMENT # F07000001336					
1. Entity Name SWEET WALKER'S BAKERY AND CANDY BAR, INC.					
Principal Place of Business 604 SURREY PATH TRAIL WINSTON-SALEM NC 27104			Mailing Address 604 SURREY PATH TRAIL WINSTON-SALEM NC 27104		
2. Principal Place of Business - No P.O. Box # 3209 Virginia Ave			3. Mailing Address		
Suite, Apt. #, etc. FL Pierce, FL			Suite, Apt. #, etc.		
City & State 34981 USA		City & State		4. FEI Number 20-4560420	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent-				7. Name and Address of New Registered Agent	
WALKER, NANCY 3209 VIRGINIA AVENUE 604 Surrey Path Trail STUART FL 34981 Winston-Salem, NC 3209 Virginia Avenue FL Pierce, FL 34981				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 				DATE 4/25/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, NANCY		NAME		
STREET ADDRESS	604 SURREY PATH TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC 27104		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, CHRIS		NAME		
STREET ADDRESS	604 SURREY PATH TRAIL		STREET ADDRESS		
CITY-ST-ZIP	WINSTON-SALEM NC 27104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 			DATE 4/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		