## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT #F41148 1. Entity Name SUGAR AND SPICE BAKE SHOPPE, INC. Principal Place of Business Mailing Address 415 CAROLYN ST 415 CAROLYN ST NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL. 32168 115 04252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-2123063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CRANDALL, GEORGE OTTO 415 CAROLYN ST NEW SMYRNÁ BEACH, FL 32168 IN THIS SPACE 3. 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. MOTE, Registered Agent signature required when reinstating) DATE Signature, typod or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 000000346173 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 /30/05-80066-006 150.00 OFFICERS AND DIRECTORS 10. TITLE CRANDALL, GEORGE OTTO NAME 415 CAROLYN STREET STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 TITLE CRANDALL, SHELDON ROSS NAME 223 CRAWFORD ROAD STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 ST TITLE CRANDALL, MARIE STAGE NAME 223 CRAWFORD ROAD STREET ADDRESS DO NOT WRITE OTTY-ST-ZIP NEW SMYRNA BEACH, FL 32169 IN THIS SPACE TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 atlachment with an address, with all other like empowered.

**FILED** 

MIGNATURE AND TYPED OF PRINTED NAME OF SIG

ING OFFICER OR DIFFECTOR

George O. Crandall