

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90105 024 ***150.00

DOCUMENT # F97000002799

1. Entity Name
SWEET WHEAT, INC.



Principal Place of Business

Mailing Address

~~639 CLEVELAND ST STE 210~~ *525 CLEVELAND ST.*
CLEARWATER, FL 33755 US

~~639 CLEVELAND ST STE 210~~ *525 CLEVELAND ST.*
CLEARWATER, FL 33755 US

50011353



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3432590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CASSANO, KIM B~~ *KIM BRIGHT*
~~639 CLEVELAND ST STE 300~~ *525 CLEVELAND ST.*
CLEARWATER, FL ~~34615~~ *33755*

**DO NOT WRITE
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]

KIM BRIGHT

April 3. 06

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~CASSANO, KIM B~~ *KIM BRIGHT*
STREET ADDRESS ~~639 CLEVELAND ST STE 300~~ *525 CLEVELAND ST*
CITY-ST-ZIP CLEARWATER, FL ~~34615~~ *33755*

TITLE VP
NAME ~~SHELDON, MARK~~ *HAS NOT BEEN*
STREET ADDRESS ~~215 CHAPLIN STREET~~ *IN COMPANY FOR*
CITY-ST-ZIP ~~EASTFORD, CT 06242~~ *3 YEARS!*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3. 06 727-442-5454

Date

Daytime Phone #