

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 012 ***150.00

DOCUMENT # H64824

1. Entity Name
SUNSPOT BEVERAGE & SNACKS, INC.



Principal Place of Business
215 PINEDA ST.
UNITE 149
LONGWOOD, FL 32750

Mailing Address
4421 KILN CT BLDG C
LOUISVILLE, KY 40218

J400J00J

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2546227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 reappointing.)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	GROSSMAN, STUART M.
STREET ADDRESS	4421 KILN CT BLDG C 1119 CARLIMAR LN.
CITY- ST- ZIP	LOUISVILLE, KY 40222
TITLE	DST
NAME	GROSSMAN, PHYLLIS R
STREET ADDRESS	4421 KILN CT BLDG C 1119 CARLIMAR LN
CITY- ST- ZIP	LOUISVILLE, KY 40222
TITLE	DV
NAME	GROSSMAN, ROBERT
STREET ADDRESS	4421 KILN CT BLDG C 1119 CARLIMAR LN.
CITY- ST- ZIP	LOUISVILLE, KY 40222
TITLE	DP
NAME	GROSSMAN, JAY
STREET ADDRESS	846 BRIGHT MEADOW DR.
CITY- ST- ZIP	LAKE MARY, 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: *PHYLLIS R. GROSSMAN*
Phyllis R. Grossman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

(502) 456-2118

Director's Phone #