

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29890

FILED
Apr 19, 2004
Secretary of State

Entity Name: THE CANDLE SHOPPE, INC.

Current Principal Place of Business:

735 DODECANESE BLVD #9
THE SPONGE EXCHANGE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

735 DODECANESE BLVD #9
THE SPONGE EXCHANGE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2712107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, TERRY L.
5423 CELCUS DR
HOLIDAY, FL 34690 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: P () Delete
Name: MYERS, TERRY L.,
Address: 5423 CELCUS CRIVE
City-St-Zip: HOLIDAY, FL

Title: TS () Delete
Name: MYERS, SANDRA E.,
Address: 5423 CELCUS DRIVE
City-St-Zip: HOLIDAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: MYERS, SANDRA E.,
Address: 5529 BAROQUE DRIVE
City-St-Zip: HOLIDAY, FL 34690 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA E. MYERS

SEC.

04/19/2004

Electronic Signature of Signing Officer or Director

Date