2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J89209

1. Entity Name
SUGARBOY, INC.

Principal Place of Business	Mailing Address
1250 WATER OAKS TRAIL CANTONMENT, FL 32533	730 BAYFRONT PARKWAY SUITE 4B PENSACOLA, FL 32502

DO NOT WRITE IN THIS SPACE

02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2831478
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REEVES, JAMES J
730 BAYFRONT PKWY
SUITE 4
PENSACOLA, FL 32502

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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 _____ 3/3/06
Signature, required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REEVES, SUSAN JOHNSON
STREET ADDRESS	1250 WATER OAKS TRL
CITY-ST-ZIP	CANTONMENT, FL
TITLE	S
NAME	REEVES, JAMES J
STREET ADDRESS	730 BAYFRONT PKWY., #4
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 an address, with all other like empowered.

SIGNATURE: Susan Johnson Reeves 2/28/06 850-438-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #