

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 008 ***150.00

DOCUMENT # K36629

1. Entity Name

TRICKS - N - TREATS, INC.



Principal Place of Business

% ROBERT GOETZELMAN
18332 ORIOLE RD.
FT. MYERS FL 33912

Mailing Address

% ROBERT GOETZELMAN
18332 ORIOLE RD.
FT. MYERS FL 33912

2. Principal Place of Business

6439 ROYAL WOODS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6439 ROYAL WOODS DRIVE

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

65-0073027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOETZELMAN, ROBERT
18332 ORIOLE RD
FT. MYERS FL 33912

AGENT
ADDRESS
CHANGE
ONLY

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6439 ROYAL WOODS DRIVE

City

FORT MYERS

FL

Zip Code

33908

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

Robert Goetzelman

ROBERT GOETZELMAN

2-17-04

Signature, typed 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PST
NAME GOETZELMAN, ROBERT
STREET ADDRESS 18332 ORIOLE RD.
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE D
NAME GOETZELMAN, ROBERT
STREET ADDRESS 18332 ORIOLE RD.
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE VP
NAME GOETZELMAN, GRACE
STREET ADDRESS 18332 ORIOLE RD.
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6439 ROYAL WOODS DRIVE
CITY-ST-ZIP FORT MYERS, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6439 ROYAL WOODS DRIVE
CITY-ST-ZIP FORT MYERS, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6439 ROYAL WOODS DRIVE
CITY-ST-ZIP FORT MYERS, FL 33908 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Goetzelman

ROBERT GOETZELMAN

2-17-04

239-267-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #