2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90042 019 ***150.00

DOCUMENT # K36629

1. Entity Name
TRICKS - N - TREATS, INC.

Principal Place of Business	Mailing Address
6439 ROYAL WOODS DR. FORT MYERS, FL 33908	6439 ROYAL WOODS DR. FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

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
6439 ROYLA WOODS DR.
FORT MYERS, FL 33908

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	6439 ROYAL WOODS DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	GOETZELMAN, ROBERT
STREET ADDRESS	6439 ROYAL WOODS DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VP
NAME	GOETZELMAN, GRACE
STREET ADDRESS	6439 ROYAL WOODS DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 1-18-05 239-264-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #