


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K36629 1. Entity Name TRICKS - N - TREATS, INC.	
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Principal Place of Business 6439 ROYAL WOODS DR. FORT MYERS, FL 33908	Mailing Address 6439 ROYAL WOODS DR. FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0073027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOETZELMAN, ROBERT
6439 ROYAL WOODS DR.
FORT MYERS, FL 33908**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000896145 04/24/08-80097-001 150.00
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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	

**DO NOT WRITE
IN THIS SPACE**

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:  **ROBERT GOETZELMAN** **4-11-08** **(239) 267-7223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #