

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L35935	
1. Entity Name CHOCOLATE ACCENTS, INC.	
Principal Place of Business 680 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750	Mailing Address 680 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750



DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2983430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVY, RENEE P.
409 TWISTING PINE CIRCLE
LONGWOOD, FL 32779**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME LEVY, RENEE P.
STREET ADDRESS 409 TWISTING PINE CIRCLE	
CITY - ST - ZIP LONGWOOD, FL	
TITLE S	NAME LEVY, JULIA
STREET ADDRESS 409 TWISTING PINE CIRCLE	
CITY - ST - ZIP LONGWOOD, FL	
TITLE T	NAME LEVY, STEPHAN M
STREET ADDRESS 409 TWISTING PINE CIRCLE	
CITY - ST - ZIP LONGWOOD, FL	
TITLE VP	NAME LEVY, FRED
STREET ADDRESS 409 TWISTING PINE CIR	
CITY - ST - ZIP LONGWOOD, FL	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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04/21/05-80047-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Renee Levy, Pres.* **4/19/05** **(407) 3320059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digits Phone #