


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90206 048 ***150.00

DOCUMENT # M94542	
1. Entity Name CONFECTIONERIES INCORPORATED	

Principal Place of Business 3246 CLARK ROAD SARASOTA, FL 34231	Mailing Address 3246 CLARK ROAD SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0069482	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

**JOHNSON, DAVID P ESQ.
2201 RINGLING BLVD
STE 104
SARASOTA, FL 34237**

**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, 2004 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 V	CHEN, MELVIN C
NAME	3746 PRAIRIE DUNES DR
STREET ADDRESS	SARASOTA, FL 34238
CITY-ST-ZIP	
TITLE P	DARBY, NANCY
NAME	6210 MEDICI CT #207
STREET ADDRESS	SARASOTA, FL 34243
CITY-ST-ZIP	
TITLE ET	LIZZIO, ALFRED
NAME	8215 REGENTS CT
STREET ADDRESS	UNIVERSITY PARK, FL 34201
CITY-ST-ZIP	
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 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: Nancy Darby Nancy Darby 4/27/04 (941) 925-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #