

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 08:00 AM
Secretary of State

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**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0069482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
CHEN, MELVIN C
3746 PRAIRIE DUNES DR
SARASOTA, FL 34238**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
DARBY, NANCY
6210 MEDICI CT #207
SARASOTA, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ET
LIZZIO, ALFRED
8215 REGENTS CT
UNIVERSITY PARK, FL 34201**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/17/05-80005-009 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Nancy Darby **Nancy Darby** **4/30/05 (941) 925-9580**