## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 8:00 am Secretary of State

DOCUI  1. Entity Nam  SWEET'S	е	# M99292						01-14-2008 9	90109 0:	27 ***15	0.00	
Principal Place of Business 25 SPIRIT LAKE RD WINTER HAVEN, FL 33880 US			25	ing Address SPIRIT LAKE RE ITER HAVEN, FL		US		\$0003.15T				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt, #, etc.			01082008	Chg-P	CR2E0	34 (12/06)		
City & State				ty & State			4. FEI Number 59-2908005			No	oplied For ot Applicable	
Zip ~	— Country			o 	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent						Name	7. Name and	d Address of New Re	egistered A	gent		
STULTS, DENNIS W 25 SPIRIT LAKE RD.						Street Addres	ss (P.O. Box Numb	per is Not Acceptable	)			
WINTER HAVEN, FL 33880												
						City		···	FL	Zip Cod	le	
	named entit	y submits this statement l tered agent.	for the pu	rpose of changin	ng its register	ed office or regis	stered agent, or bo	oth, in the State of Flo	rida. Lam t	amiliar with,	and accept	
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, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS ANI	D DIRECT		11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	l	JIM DEN CT., SE HAVEN, FL 33880		☐ Delele						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWEET, I 1 S. EOL ORLAND			☐ Delete		I			_	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	550 E LA	DENNIS W KE ELBERT DR HAVEN, FL 33881		☐ Delete		1	-		-	☐ Change	. ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	D ŒLAND HIGHLANDS ID, FL 33813	RD.	☐ Defele						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i i				☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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: A SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Device Proce #												