

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000049489 1. Entity Name SWEETS N-TREATS OF TAMPA, INC.			
Principal Place of Business 17631 BRUCE B. DOWNS BLVD. SUITE F TAMPA, FL 33647		Mailing Address 17631 BRUCE B. DOWNS BLVD. SUITE F TAMPA, FL 33647	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BYRNE, DANIEL 17631 BRUCE B. DOWNS BLVD. SUITE 5 TAMPA, FL 33647		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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
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	
		U000000340203 04/28/05-80104-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BYRNE, DANIEL 17631 BRUCE B. DOWNS BLVD. SUITE 6 TAMPA, FL 33647		
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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: 		4-24-05 813-977-5710	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	