

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

27. **Mar 12, 2008 8:00 am**
Secretary of State

02-25-2008 90072 044 ***150.00

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1. Entity Name
SWEETLIGHT, INC.



Principal Place of Business
**1109 EATON ST.
KEY WEST, FL 33040**

Mailing Address
**1109 EATON ST.
KEY WEST, FL 33040**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1016643

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOHATCH, JOHN S ESQ.
2600 DOUGLAS ROAD
PENTHOUSE 8
CORAL GABLES, FL 33134**

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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, 2008 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
**D
MANLEY, RICHARD
3726 SUNRISE LANE
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE BOER, ERIC
1411 PINE ST
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIGHTMAN, CAROL
108 FRONT STREET
KEY WEST, FL 33040**

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**

I hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____