
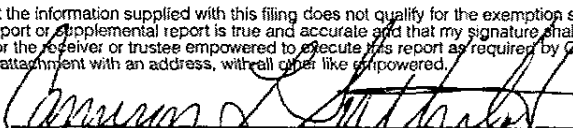


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000020613		
1. Entity Name FLORISWEET ENTERPRISES, INC.		
Principal Place of Business P.O. BOX 367 AVON PARK, FL 33826-0367	Mailing Address P.O. BOX 367 AVON PARK, FL 33826-0367	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SUTHERLAND, CAMERON 238 EAST CANFIELD ST. AVON PARK, FL 33825		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTHERLAND, CAMERON 238 EAST CANFIELD ST. AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-20-04 (813) 452-2232 <small>Daytime Phone #</small>



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3692159

Applied For
Not Applicable

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

000000328945
04/25/05-80097-016 150.00

**DO NOT WRITE
IN THIS SPACE**