

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90017 012 ***150.00

DOCUMENT # P01000021119

1. Entity Name

DAVE'S TREATS, INC.



Principal Place of Business

36305 STATE RD 54
ZEPHYRHILLS FL 33541

Mailing Address

PO BOX 463
36305 STATE RD 54
ZEPHYRHILLS FL 33541

ZEPHYRHILLS, FL 33539-0463

54013790



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZEPHYRHILLS FL

4. FEI Number

59-3703402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, DAVE

1110 LAKESHORE RANCH DR

SEFFNER FL 33584

5508 BRADDOCK DR

ZEPHYRHILLS, FL 33541

Name

Street Address (P.O. Box Number is Not Acceptable)

5508 BRADDOCK DR

City

ZEPHYRHILLS,

FL

Zip Code

33541

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
TAYLOR, FREDERICK A
1016 WINDING WILLOW DRIVE
TRINITY FL 34655

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TAYLOR, DAVE
1110 LAKESHORE RANCH DRIVE
SEFFNER FL 33584

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
5508 BRADDOCK DR
ZEPHYRHILLS, FL 33541

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2004

Date

727-375-9576

Daytime Phone #