

**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	
2. Principal Place of Business		3. Mailing Address P.O. BOX 463	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ZEPHYRHILLS FL	
Zip	Country	Zip	Country
		33539-0463	
4. FEI Number 59-3703402		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		address change only 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, FREDERICK A	NAME	
STREET ADDRESS	1016 WINDING WILLOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TRINITY FL 34655	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DAVE 5508 BRADDOCK DR	NAME	5508 BRADDOCK DR
STREET ADDRESS	1110 LAKESHORE RANCH DRIVE	STREET ADDRESS	ZEPHYRHILLS, FL 33541
CITY-ST-ZIP	SEFFNER FL 33584 ZEPHYRHILLS, FL 33541	CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Frederick A Taylor</i>		2/22/2004 727-375-9576	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	