

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000050843

1. Entity Name
HOWARD'S STICKY FINGERS, INC.



Principal Place of Business
**POST OFFICE BOX 280
FLAGLER BEACH, FL 32136**

Mailing Address
**POST OFFICE BOX 280
FLAGLER BEACH, FL 32136**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3723572

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SKLAR, HOWARD
3231 N. OCEAN SHORE BOULEVARD
FLAGLER BEACH, FL 32136**

**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 _____

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, 2005 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
**PVST
SKLAR, HOWARD
POST OFFICE BOX 280
FLAGLER BEACH, FL 32136**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SKLAR, HOWARD
POST OFFICE BOX 280
FLAGLER BEACH, FL 32136**

TITLE
NAME
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CITY - ST - ZIP

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U000000250779
03/04/05-80024-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Howard Sklar **Howard Sklar President 2-28-05 386 4390081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #