

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000050843

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** HOWARD'S STICKY FINGERS, INC.

**Current Principal Place of Business:**

145 LEHIGH AVENUE  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 280  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

**FEI Number:** 59-3723572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** SKLAR, HOWARD  
**Address:** POST OFFICE BOX 280  
**City-St-Zip:** FLAGLER BEACH, FL 32136

**Title:** D  
**Name:** SKLAR, HOWARD  
**Address:** POST OFFICE BOX 280  
**City-St-Zip:** FLAGLER BEACH, FL 32136

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HOWARD SKLAR

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04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date