

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000050903**

1. Entry Name  
**SWEET MEMORIES PALM HARBOR, INC.**



Principal Place of Business  
**969 VIRGINIA AVE.  
PALM HARBOR, FL 34683**

Mailing Address  
**969 VIRGINIA AVE.  
PALM HARBOR, FL 34683**



05162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3722762**

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

Applied For Not Applicable

6. Name and Address of Current Registered Agent

**BOBEL, SUSAN  
969 VIRGINIA AVE.  
PALM HARBOR, FL 34683**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | P                     |
| NAME           | BOBEL, SUSAN          |
| STREET ADDRESS | 969 VIRGINIA AVE      |
| CITY-ST-ZIP    | PALM HARBOR, FL 34683 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
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| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

**DO NOT WRITE  
IN THIS SPACE**

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05/22/06-80009-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan Bobel 5. 15. 06 727-787-9187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #