

## ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAR 14 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066283

1. Entity Name

ANN'S NUT &amp; FRUIT CAKE INC.



Principal Place of Business

926 LAKE BISCAYNE WAY  
ORLANDO, FL 32824

Mailing Address

2626 EAGLE MEADOW LN  
KISSIMMEE, FL 34746

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3734242

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

STEWART, ANN  
926 LAKE BISCAYNE WAY  
ORLANDO, FL 32824DO 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, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
STEWART, ANN  
926 LAKE BISCAYNE WAY  
ORLANDO, FL 32824TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VO  
PARRIS, MERLENE  
4 OAKDALE DR  
WESTBURY, NY 11590TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP100068558441  
03/24/06--01004--032 \*\*150.00DO NOT WRITE  
IN THIS SPACE

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:

ANN STEWART  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/6/06  
Date407 5181437  
Daytime Phone #