


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 049 ***150.00

DOCUMENT # P01000091947					
1. Entity Name THE CANDY CLOUDS COMPANY					
Principal Place of Business 3600 VAN BUREN STREET SUITE 307 HOLLYWOOD, FL 33021			Mailing Address 7760 SAINT MARLO PARKWAY DULUTH, GA 30097		
2. Principal Place of Business <i>5706 Melaleuca Dr.</i>		3. Mailing Address <i>5706 Melaleuca Dr</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Tamarae FL</i>		City & State <i>Tamarae FL</i>		4. FEI Number 65-1114607	
Zip <i>33319</i>		Country <i>USA</i>		Zip <i>33319</i>	
Country <i>USA</i>		Country <i>USA</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WEISS, DAVID L 3600 VAN BUREN STREET SUITE 307 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: <i>Weiss, David L.</i> Street Address (P.O. Box Number is Not Acceptable): <i>2671 South Courser Dr</i> <i>Building 20, Apt 109</i> City: <i>Pompano Beach</i> FL Zip Code: <i>33069</i>		
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: <i>[Signature]</i> 9-10-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input type="checkbox"/> Delete BASS, BARRY J 7760 SAINT MARLO PKWY DULUTH, GA 30097				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5706 Melaleuca Dr.</i> <i>Tamarae FL 33319</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>[Signature]</i> <i>Barry Bass</i> 9-10-04 770560 0803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24085502



09132004 Chg-P CR2E034 (10/03)



Attachment

24085502

#P01000091947

9-10-04

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing to request that the additional penalty for late filing be waived for the following reasons.

Both my office and my registered agent's office moved to different locations. As you can see from the revised form we now reside in Tamarac Florida and have closed our administrative office in Georgia.

As a result, I have had numerous problems with mail and have no recollection of ever receiving my renewal forms for my annual report.

Please accept my apologies and my check for \$150.

Thank you in advance.

Barry Jay bass
President
The Candy Clouds Company