

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000096442

1. Entity Name
SWEET WEDDINGS, INC.



Principal Place of Business
144 KING STREET, SUITE #2
ST. AUGUSTINE, FL 32084

Mailing Address
144 KING STREET, SUITE #2
ST. AUGUSTINE, FL 32084

FILED
2008 SEP 29 PM 3:49
9-29
CLERK OF STATE
TALLAHASSEE, FLORIDA



09222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3748676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNELL, WILLIAM H
2200 NORTH PONCE DE LEON BLVD
SUITE 10
ST. AUGUSTINE, FL 32084

Name

Street Address (P.O. Box Number is Not Acceptable)

2825 Lewis Speedway, Suite 104

City

St. Augustine, FL

Zip Code

32084

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
Due by September 12, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
SANTOS, PAULO J
144-2 KING STREET
ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700136535667
10/01/08--01052--020 **150.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
V
FORES, ARLENE
144-2 KING STREET
ST. AUGUSTINE, FL 32084 ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/08 (904) 824-2420
Date Daytime Phone #