

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P01000112570

1. Entity Name
ST PETERSBURG CANDLE GALLERY, INC.



Principal Place of Business
**4123 HENDERSON BLVD
TAMPA, FL 33629**

Mailing Address
**4123 HENDERSON BLVD
TAMPA, FL 33629**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758898

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLS, GLORIA
4123 HENDERSON BLVD
TAMPA, FL 33629**

**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 _____
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, 2007 Fee will be \$550.00**

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

**U00000755151
05/22/07-80090-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEATHERSBEE, NICHOLAS
STREET ADDRESS	620 45 AVE
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	D
NAME	HOYT, WILLIAM J
STREET ADDRESS	6115 MARBELLA BLVD
CITY-ST-ZIP	APOLLO BCH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO 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:

Gloria J Mills

4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #