

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90019 005 \*\*\*150.00

<b>DOCUMENT # P01 0001 19224</b>					
<b>1. Entity Name</b> TWISTEE TREAT, INC.					
<b>Principal Place of Business</b> 210 JOHN'S PASS BOARDWALK MADERIA BEACH, FL 33208			<b>Mailing Address</b> 210 JOHN'S PASS BOARDWALK MADERIA BEACH, FL 33208		
<b>2. Principal Place of Business</b> 210 John's Pass Boardwalk Suite, Apt. #, etc		<b>3. Mailing Address</b> 210 John's Pass Boardwalk Suite, Apt. #, etc.			
<b>City &amp; State</b> Madeira Beach, FL Zip: 33708 Country: Pinellas		<b>City &amp; State</b> Madeira Beach, FL Zip: 33708 Country: Pinellas		<b>4. FFI Number</b> 65-0608757	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BOUNPHARHOM, KINTHAVONE 210 JOHN'S PASS BOARDWALK SAINT PETERSBURG, FL 33708			<b>7. Name and Address of New Registered Agent</b> Name: BOUNPHAKHOM, KHINTHAVONE Street Address (P.O. Box Number is Not Acceptable): 210 John's Pass Boardwalk City: MADEIRA BEACH, FL 33708 State: FL Zip Code:		
<b>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.</b> SIGNATURE: <u>Khinthavone Bounphakhom, President</u> <i>Khinthavone Bounphakhom</i> DATE: <u>02/12/04</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
<b>FILE NOW 1111 FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE: P NAME: BOUNPHAKHOM, KHINTHAVONE STREET ADDRESS: 210 JOHN'S PASS BOARDWALK CITY-ST-ZIP: SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete				
TITLE: VPS NAME: BOUNPHAKHOM, POMKHAM STREET ADDRESS: 210 JOHN'S PASS BOARDWALK CITY-ST-ZIP: SAINT PETERSBURG, FL 33708	<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				
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
<b>11. ADDITIONS   CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
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					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Khinthavone Bounphakhom, President</u> <i>Khinthavone Bounphakhom</i>				Date: <u>2/12/04</u> 727-392-6978 <small>Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					