2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000040107

1. Entity Name
SIMPLY SWEET, INC.

Principal Place of Business	Mailing Address
9041 SCOTT ST HUDSON, FL 34669	9041 SCOTT ST HUDSON, FL 34669

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

4. FEI Number
04-3653759

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PRAHASKY, MATHEW JR
6038 WYOMING AVE
NEW PORT RICHEY, FL 34653

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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, 2004 Fee will be $550.00

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

U00000102567
04/05/04--80021--008 150.00

10.	OFFICERS AND DIRECTORS
TITLE	DPST
NAME	PRAHASKY, DALYNDA C
STREET ADDRESS	9041 SCOTT ST
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	DV
NAME	PRAHASKY, MATHEW
STREET ADDRESS	9041 SCOTT ST
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: ✔ _Dalynda C. Prahasky_   _3-31-04_ (727)862-2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #