2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90037 048 ***158.75

DOCUMENT # P02000040107

40004660

1. Entity Name
SIMPLY SWEET, INC.

01192005 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
#1124 LOWES	9041 Scot Street
Suite, Apt. #, etc. 8310 Little Rd.	Suite, Apt. #, etc.
City & State Port Richey FL.	City & State HUDSON, FL.
Zip / Country 34654 / PASCO	Zip / Country 34669 / PASCO

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	7. Name and Address of New Registered Agent
PRAHASKY, MATHEW JR 6038 WYOMING AVE NEW PORT RICHEY, FL 34653	Name: Dalynda C. Prahasky Street Address (P.O. Box Number is Not Acceptable): 9041 Scot STREET City: HUDSON FL Zip Code: 34669

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: Dalynda C. Prahasky DPST
Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when electronically DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST PRAHASKY, DALYNDA C 9041 SCOTT ST HUDSON, FL 34669	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PRAHASKY, MATHEW 9041 SCOTT ST HUDSON, FL 34669	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Dalynda C. Prahasky 1-20-05 (727)862-3924
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

#1285 $150.00 filing fee
158.75 8.75 certificate of Status