


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000058870</b> 1. Entity Name <b>CANDLE ARTISANS, INC.</b>	
--	---

Principal Place of Business <b>35 44TH AVENUE, #4 ST PETERSBURG, FL 33706</b>	Mailing Address <b>35 44TH AVENUE, #4 ST PETERSBURG, FL 33706</b>
--	--



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0455480</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MILLS, GLORIA 4123 HENDERSON BOULEVARD TAMPA, FL 33629</b>
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

U00000152908  
05/04/04-80105-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, TODD 35 44TH AVENUE, #4 ST PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYT, WILLIAM 6115 MARBELL BLVD. APOLLO BEACH, FL 33572
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)(f), 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:  **TODD C WEBB**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/04**  
Date Daytime Phone #