

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125973

FILED
Mar 07, 2004
Secretary of State

Entity Name: THE CAKE BOUTIQUE INC.

Current Principal Place of Business:

14593 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14593 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 75-3089263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUKE, JUDY
14593 SOUTHERN BLVD.
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ODOM, KATHY
Address: 12359 OLD COUNTRY RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: DUKE, JUDY
Address: 2340 B RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VSD () Delete
Name: DUKE, JUDY
Address: 2340 B RD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PTD () Delete
Name: ODOM, KATHY
Address: 12359 OLD COUNTRY RD
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY ODOM

PTD

03/07/2004

Electronic Signature of Signing Officer or Director

Date