

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90028 033 \*\*\*150.00

**DOCUMENT # P02000125973**

1. Entity Name  
**THE CAKE BOUTIQUE INC.**



Principal Place of Business  
**14593 SOUTHERN BLVD.  
LOXAHATCHEE, FL 33470**

Mailing Address  
**14593 SOUTHERN BLVD.  
LOXAHATCHEE, FL 33470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-3089263**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **ODOM, KATHY**  
STREET ADDRESS **12359 OLD COUNTRY RD.**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☐ Delete  
NAME **DUKE, JUDY**  
STREET ADDRESS **2340 B RD.**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **VSD** ☐ Delete  
NAME **DUKE, JUDY**  
STREET ADDRESS **2340 B RD**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **PTD** ☒ Delete  
NAME **ODOM, KATHY**  
STREET ADDRESS **12359 OLD COUNTRY RD**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PSTD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Judy C. Duke Judy Duke 3-14-05 561-790-0052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #