

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047640

Entity Name: THE SWEETEST MEMORIES, INC.

FILED  
Feb 24, 2004  
Secretary of State

## Current Principal Place of Business:

1896 YALE DRIVE  
CLEARWATER, FL 33765

## New Principal Place of Business:

## Current Mailing Address:

1896 YALE DRIVE  
CLEARWATER, FL 33765

## New Mailing Address:

FEI Number: 05-0567617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

## Name and Address of New Registered Agent:

GIBBS, ROBERT C  
1896 YALE DRIVE  
CLEARWATER, FL 33765 US

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: ROBERT C. GIBBS

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GIBBS, BARBARA  
Address: 1896 YALE DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIBBS, BARBARA  
Address: 1896 YALE DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: VP ( ) Change (X) Addition  
Name: GIBBS, ROBERT C  
Address: 1896 YALE DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: S ( ) Change (X) Addition  
Name: GIBBS, BARBARA  
Address: 1896 YALE DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: T ( ) Change (X) Addition  
Name: GIBBS, ROBERT C  
Address: 1896 YALE DRIVE  
City-St-Zip: CLEARWATER, FL 33765

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: ROBERT C. GIBBS

VP

02/24/2004

Electronic Signature of Signing Officer or Director

Date