


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90005 032 ***150.00

DOCUMENT # P03000059718					
1. Entity Name SWEET SUNDAE CAFE, INC.					
Principal Place of Business 4870 NE BABCOCK STREET UNIT 2 PALM BAY, FL 32907			Mailing Address 4870 NE BABCOCK STREET UNIT 2 PALM BAY, FL 32907		
2. Principal Place of Business 2385 ROBERTS D. ROAD Suite, Apt. #, etc.			3. Mailing Address 2835 ROBERTS D. ROAD Suite, Apt. #, etc.		
City & State MT. DORA, FLORIDA Zip: 32757 Country: USA		City & State MT. DORA, FLORIDA Zip: 32757 Country: USA		4. FEI Number 58-2674581	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent MCCARTHY, WILLIAM ESQ 2263 NW 2ND AVENUE SUITE 211 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: MICHAEL SKINNER Street Address (P.O. Box Number is Not Acceptable): 3600 COREY ROAD City: MALABAR, FL Zip Code: 32950		
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: <u>[Signature]</u> DATE: <u>8/20/04</u> <small>Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRINO, KATHY 4870 NE BABCOCK STREET UNIT 2 PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRINO, JAMES C 4870 NE BABCOCK STREET UNIT 2 PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRINO, GINA 4870 NE BABCOCK STREET UNIT 2 PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>8/26/04</u> DAYTIME PHONE #: _____		

09071269



08202004 Chg-P CR2E034 (10/03)