## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000073874

Name:

Address:

City-St-Zip:

901 ROBERTS BLVD

DELTONA, FL 32725

Entity Name: SOAP AND CANDLE MOLDS.COM INC

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1315 WHITEWOOD DR DELTONA, FL 32725 **Current Mailing Address: New Mailing Address:** 1315 WHITEWOOD DR DELTONA, FL 32725 FEI Number: 11-3699085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, DANIEL M 1315 WHITEWOOD DR DELTONA, FL 32725 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SMITH, DANIEL M SMITH, JULIE R Name: Name: 1315 WHITEWOOD DR 1315 WHITEWOOD DR Address: Address: City-St-Zip: DELTONA, FL, FL 32725 City-St-Zip: DELTONA, FL, FL 32725 Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: SMITH, BRYAN E Name: SMITH, DANIEL M 901 ROBERTS BLVD 1315 WHITEWOOD DR Address: Address: DELTONA, FL 32725 DELTONA, FL 32725 City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition SMITH, JULIE R Name: Name: 1315 WHITEWOOD DR Address: Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: Title: TRES (X) Delete Title: () Change () Addition SMITH, TRISH R

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: JULIE SMITH 04/26/2005