

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000096017

1. Entity Name  
CANDLE ART TECHNOLOGY, INC.



Principal Place of Business

620 45TH AVE N  
ST PETERSBURG, FL 33703

Mailing Address

620 45TH AVE N  
ST PETERSBURG, FL 33703



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0203516

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, GLORIA  
4123 HENDERSON BLVD  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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  
NAME WEATHERSBEE, NICOLAS  
STREET ADDRESS 620 45TH AVE N  
CITY-ST-ZIP ST PETERSBURG, FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 727  
482-2547

Date

Daytime Phone #