

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143815

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** SUGAR 'N SPICE AND EVERYTHING CHOCOLATE, INC.

**Current Principal Place of Business:**

553 S. 6TH STREET  
MACCLENNY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

553 S 6TH ST  
MACCLENNY, FL 32063 US

**New Mailing Address:**

FEI Number: 20-0731519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, MARY  
9267 ASPEN ROAD  
MACCLENNY, FL 32063 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: LIVINGSTON, MARY  
Address: 9267 ASPEN ROAD  
City-St-Zip: MACCLENNY, FL 32063 US

Title: VP ( ) Delete  
Name: LIVINGSTON, LAURA  
Address: 6756 ODIS YARBROUGH RD  
City-St-Zip: GLEN ST MARY, FL 32040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY LIVINGSTON

P

03/05/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date