

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

5/31

05-03-2004 90773 036 \*\*\*150.00

**DOCUMENT # P03000158098**

1. Entity Name  
**CHOCOLATE CITY INCORPORATED**



Principal Place of Business      Mailing Address  
**2701 HAVENDALE BLVD**      **PO BOX 4085**  
**WINTER HAVEN, FL 33880 US**      **WINTER HAVEN, FL 33885 US**

**66428544**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04302004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**42-0144318**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CROSBY, DALE**  
**232 AVE F SW**  
**WINTER HAVEN, FL 33880**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Dale A. Crosby*      DATE: 4-30-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLISON, BELINDA D</b>	NAME	
STREET ADDRESS	<b>232 AVE F SW</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSBY, DALE</b>	NAME	
STREET ADDRESS	<b>232 AVE F SW</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Belinda Ellison*      DATE: 4-30-04      DAYTIME PHONE: 463 2242700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR