2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000037640** 03-25-2005 90035 023 ***150.00 SUGAR CONE CAFE, INC. Principal Place of Business Mailing Address 9933 HEATHER BLVD 9033 HEATHER BLVD 66012244 BROOKSVILLE, FL 34613 **BROOKSVILLE, FL 34613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama INMAN GEORGE -Street Address (P.O. Box Number Is Not Acceptable) 9033 HEATHER BLVD **BROOKSVILLE, FL 34613** 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 temiliar with, and accept the obligations of registered agent. SIGNATURE Signature. Hyped or present name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DΡ TITLE ☐ Deleta Addition TITLE ☐ Change NAME BAUZO-INMAN, LUZ A 9033 HEATHER BLVD STREET ADORESS STREET ADDRESS BROOKSVILLE, FL 34813 CITY-ST-ZIP CITY-ST-ZIP ŌΫ TILE Detete mre ☐ Change Addition MILLAN, LUCY NAME 2010 CHESTNUT AVE STREET ADDRESS STREET ADDRESS MEDFORD, NY 11763 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE INMAN, GEORGE NAME NAME 9033 HEATHER BLVD STREET ADDRESS STREET ADORESS BROOKSVILLE, FL 34613 CITY-SI-ZIP CITY-ST-ZIP ____ Addition MILLAN, JASON MALE NAME 2910 CHESTNUT AVE STREET ADDRESS STREET ADDRESS MEDFORD, NY 11763 CITY-ST-7IP CITY-ST-78 TITLE Oelete ☐ Change Addition NAME NUME

FILED

Change

☐ Addition

12. I hereby certify that the information supplied with this filling 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 507. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address, with all gibey like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TETLE

NAME

STREET ADDRESS

STREET ADDRESS

City-SI-ZIP

CITY-ST-ZIP

TITLE

NAME

INMANX3-23-05

Delete