


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90109 014 \*\*\*150.00

<b>DOCUMENT # P04000056059</b>	
1. Entity Name <b>SWEET THYME DELI AND MARKET, INC.</b>	

Principal Place of Business <b>202 FERRY ST., S.E. FT. WALTON BEACH FL 32548</b>	Mailing Address <b>202 FERRY ST., S.E. FT. WALTON BEACH FL 32548</b>
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2. Principal Place of Business <b>202 Ferry St. S.E.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>0</b>	Suite, Apt. #, etc. <b>0</b>

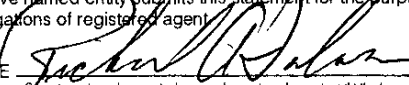
City & State <b>FT. WALTON Beach F</b>	City & State
Zip <b>32548</b>	Country <b>OKALOOSA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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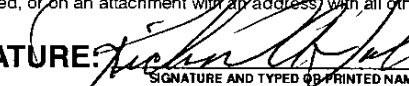
6. Name and Address of Current Registered Agent <b>FALASCA, RICHARD A 202 FERRY ST., S.E. FT. WALTON BEACH FL 32548</b>	
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7. Name and Address of New Registered Agent Name <b>Richard A Falasca</b> Street Address (P.O. Box Number is Not Acceptable) <b>763 Spring Lake Dr</b> City <b>Destin</b> FL Zip Code <b>32541</b>	
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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 	DATE <b>March 10-05</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALASCA, RICHARD A</b> <b>202 FERRY ST., S.E.</b> <b>FT. WALTON BEACH FL 32548</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Phillip FALASCA</b> <b>763 Spring Lake Dr</b> <b>Destin FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALASCA, SYLVIA</b> <b>202 FERRY ST., S.E.</b> <b>FT. WALTON BEACH FL 32548</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 	DATE <b>April 1-05</b> 850-585 4513