2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					May 05, 2005 8:00 am					
DOCUMENT # P04000056059					Secretary of State 05-05-2005 90109 014 ***150.00					
SWEET THYME DELI AND MARKET, INC.						03-03-2003 90	1109 014	130.00	,	
Principal Place of Business Mailing Address										
202 FERRY ST., S.E. FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL			18		770307					
Principal Place of Business 3. Mailing Address										
202 FERRY St. S.E Suite, Apt. #, etc.					1166			E BIJI ANIA AJJA I	ARADI II IDDI	
	- 0					t MOORE	CR2E034	. 4		
Ft. WALTON BEACH P	City & State	· -	4. FEI Number				No	plied For ot Applicable		
32548 Country OKALOOSA	Zip	try	5. Certificate of Status Desired				S8.75 Additional Fee Required			
6. Name and Address of Current	Registered Agent		Name	1 - 1	- 11 -	I Address of New F	Registered	Agent		
FALASCA, RICHARD A			Street Address (P.O. Box Number is Not Acceptable)							
202 FERRY ST., S.E. FT. WALTON BEACH FL 32548			763	Sp	RING LA	ke DR				
•			City	stru			FL	Zip Cod	11	
8. The above partied 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 accertice the obligations of registered agent.										
SIGNATURE TICKER WINDOWS										
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, 2005 Fee Will Be \$550.0 Make Check Payable to Florida Department of						9. Election Camp Trust Fund Co	-		00 May Be ed to Fees	
10. OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS ANI			
TITLE D			E IE	Phil	Parsid	LASCA		Change	Addition	
STREET ADDRESS 202 FERRY ST., S.E. CITY-ST-ZIP FT. WALTON BEACH FL 32548			EET ADDRESS -ST-ZIP	763	Speing Stin F	LAKEDR	-11 9		ļ	
TITLE D	☐ Delete	TITL		108.	MYN F	Z 325	7/	☐ Change	Addition	
NAME FALASCA, SYLVIA STREET ADDRESS 202 FERRY ST., S.E.		NAM STRE	EET AODRESS							
CITY ST-ZIP FT. WALTON BEACH FL 32548			-ST-ZIP							
HITLE NAME	Delete -	. JITL! NAM				-		☐ Change	☐ Addition }	
STREET ADDRESS CITY-ST-ZIP			EET ADDRESS '-ST-ZIP							
TITLE	☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS		NAM STRE	IE EET ADDRESS						ļ	
CITY-ST-ZIP			-ST-ZIP		-					
TITLE NAME	☐ Delete	TITU						☐ Change	☐ Addition	
'SIREET ADDRESS CITY-SI-ZIP			EET ADDRESS '-ST-ZIP			`				
MILE	☐ Delete	TIŤL						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NE EET ADDRESS '-ST-ZIP							
12. I hereby certify that the information supplied will	th this filing does not qualify for is true and accurate and that	or the exe	motion stat	ted in Sec ave the s	ction 119.07(3 same legal effe	(i), Florida Statutes, ct as if made under	I further ce oath; that I	ertify that the in am an officer	nformation or director	
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 ab address) with all other like empowered.										
SIGNATURE TECHNIC SECURITIED NAME OF SIGNING OFFICEN OR DIRECTOR APRIL DE 1850 - 585 4513										

FILED