

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90299 033 \*\*\*150.00

**DOCUMENT # P04000075896**

1. Entity Name  
**SUGARBERRY PROPERTIES INC.**



Principal Place of Business      Mailing Address  
 306 NEBRASKA AVE                      306 NEBRASKA AVE  
 LONGWOOD, FL 32750                      LONGWOOD, FL 32750

40068413



04252005      Chg-P      CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		57-0509092	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KWATKOWSKI, HARRY S 306 NEBRASKA AVE LONGWOOD, FL 32750		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		DPST HARRY KWATKOWSKI 306 NEBRASKA AV LONGWOOD, FL 32750	
		VPD JUDITH KWATKOWSKI 306 NEBRASKA AVE LONGWOOD, FL 32750	
		DVP KIMBERLY SPENCE 3670 TRADE ST DELTONA, FL 32738	
		VPD DAVID KWATKOWSKI 310 S.E. 31ST TERRACE OCALA, FL 34471	

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: H. Kwiatkowski      HSKWIATKOWSKI      4/25/05      407/306282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #