

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90229 019 ***150.00

DOCUMENT # P05000084382

1. Entity Name
HIP + CANDY ENTERPRISES INC.



Principal Place of Business
**1218 CATHERINE ST
ORLANDO, FL 32801 US**

Mailing Address
**1218 CATHERINE ST
ORLANDO, FL 32801 US**

40030000



2. Principal Place of Business - No P.O. Box #
4829 New Broad St
Suite, Apt. #, etc.

3. Mailing Address
4829 New Broad St
Suite, Apt. #, etc.

05012008 Chg-P CR2E034 (12/06)

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
45-0539377 36-4575564 Applied For
Not Applicable

Zip
32814 Country
USA

Zip
32814 Country
USA

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

6. Name and Address of Current Registered Agent

**LEE, JOYCE H
1218 CATHERINE ST
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Joyce Lee**
Street Address (P.O. Box Number is Not Acceptable)
4829 New Broad St
City **Orlando** **FL** Zip Code **32814**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JOYCE H 1218 CATHERINE ST ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIFEBO, MATTHEW J 1218 CATHERINE ST ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joyce Lee 4829 New Broad St, Orlando FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Matthew DiFebo 4829 New Broad St, Orlando FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Joyce Lee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08 407 895 0062
Date Daytime Phone #