


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000080304 1. Entity Name SWEETIES, INC.																																										
Principal Place of Business 842 DODECANESE BLVD. TARPON SPRINGS, FL 34689 US		Mailing Address 842 DODECANESE BLVD. TARPON SPRINGS, FL 34689 US																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent MELODY, SMALL 995 LAKEVIEW DR. PALM HARBOR, FL 34683		DO NOT WRITE IN THIS SPACE																																								
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 <u>Melody Small</u> <u>Melody Small</u> <u>2-2-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>SMALL, MELODY</td></tr><tr><td>STREET ADDRESS</td><td>995 LAKEVIEW DR.</td></tr><tr><td>CITY-ST-ZIP</td><td>PALM HARBOR, FL 34683</td></tr><tr><td>TITLE</td><td>S</td></tr><tr><td>NAME</td><td>SMALL, GLENFORD R</td></tr><tr><td>STREET ADDRESS</td><td>995 LAKEVIEW DR.</td></tr><tr><td>CITY-ST-ZIP</td><td>PALM HARBOR, FL 34683</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	P	NAME	SMALL, MELODY	STREET ADDRESS	995 LAKEVIEW DR.	CITY-ST-ZIP	PALM HARBOR, FL 34683	TITLE	S	NAME	SMALL, GLENFORD R	STREET ADDRESS	995 LAKEVIEW DR.	CITY-ST-ZIP	PALM HARBOR, FL 34683	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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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: <u>Melody Small</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-2-05</u> <u>(727) 937-8825</u> <small>Date Daytime Phone #</small>																																								



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3211089

Applied For
Not Applicable

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

1100000217694

02/07/05-60035-014 150.00

**DO NOT WRITE
IN THIS SPACE**

IMPORTANT INSTRUCTIONS