

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90057 040 \*\*\*150.00

**DOCUMENT # P96000022897**

1. Entity Name

SUGARLIPS, INC.



Principal Place of Business

5135 N. U.S. 1  
FORT PIERCE FL 34946

Mailing Address

6024 INDRIO ROAD #5  
FORT PIERCE FL 34951

40040311



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5130 N. U.S. 1

Suite, Apt. #, etc.

Fort Pierce FL

City & State

34946

Zip

Country

U.S.A.

3. Mailing Address

5809 Sunberry Circle

Suite, Apt. #, etc.

Fort Pierce FL

City & State

34951

Zip

Country

U.S.A.

4. FEI Number

65-0658706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIRILLO, VIRGINIA M  
6024 INDRIO ROAD #5  
FORT PIERCE FL 34951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5809 Sunberry Circle

City

Fort Pierce

FL

Zip Code

34951

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CIRILLO, VINCENT  
STREET ADDRESS 6024 INDRIO ROAD #5  
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE STD ☐ Delete  
NAME CIRILLO, VIRGINIA M  
STREET ADDRESS 6024 INDRIO ROAD #5  
CITY-ST-ZIP FORT PIERCE FL 34951

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5809 Sunberry Circle  
CITY-ST-ZIP Fort Pierce FL 34951

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5809 Sunberry Circle  
CITY-ST-ZIP Fort Pierce FL 34951

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

Virginia M. Cirillo Virginia M. Cirillo

3/21/05 (772) 467-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #