


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035055					
1. Entity Name COUNTRY SWEETS, INC.					
Principal Place of Business 4920 DEER LODGE ROAD NEW PORT RICHEY FL 34655			Mailing Address 4920 DEER LODGE ROAD NEW PORT RICHEY FL 34655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3505214 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applied </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, KENNETH C 4920 DEER LODGE ROAD NEW PORT RICHEY FL 34655				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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MILLER, KENNETH C 4920 DEER LODGE ROAD NEW PORT RICHEY FL 34655		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000014670 01/27/04-80032-011 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MILLER, BABS ANNE 4920 DEER LODGE ROAD NEW PORT RICHEY FL 34655		TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Benneth C Miller</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/23/04 Daytime Phone #: 727-376714					