## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000107404

FILED Mar 18, 2009 Secretary of State

Entity Name: FLORIDA TREATS COMPANY, II	NC.
Current Principal Place of Business:	New Principal Place of Business:
3519 DORAL DRIVE LITTLE ROCK, AR 72212	
Current Mailing Address:	New Mailing Address:
3519 DORAL DRIVE LITTLE ROCK, AR 72212	
FEI Number: 71-0818506 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Age	ent: Name and Address of New Registered Agent:
WEIR, BRUCE 3800 SOUTH TAMIAMI TRAIL #100 SARASOTA, FL 34239 US	
The above named entity submits this statement for in the State of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Register	red Agent Date
Election Campaign Financing Trust Fund Contribution (	).
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title: Title: ( ) Delete (X) Change ( ) Addition WEIR, BRUCE WEIR, BRUCE M Name: Name: 6412 1ST AVE., W Address: 5820 24TH ST. CT. W. Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: BRADENTON, FL 34207

Title: ٧S () Delete Title: VΡ (X) Change ( ) Addition

WEIR. DON WEIR, DON K Name: Name: Address: 3519 DORAL DR Address: 3519 DORAL DR LITTLE ROCK, AR 72212 City-St-Zip: LITTLE ROCK, AR 72212 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON K. WEIR VΡ 03/18/2009