


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90001 008 ***150.00

DOCUMENT # P99000005928	
1. Entity Name SWEET SAGE COFFEE COMPANY, INC.	

Principal Place of Business 16725 GULF BOULEVARD N. REDINGTON BEACH FL 33708	Mailing Address 16725 GULF BOULEVARD N. REDINGTON BEACH FL 33708
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2. Principal Place of Business <i>16725 Gulf Blvd N. Redington Beach, FL</i>	3. Mailing Address <i>SAME</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip <i>33708</i>	Country <i>USA</i>	Zip <i>33708</i>	Country <i>USA</i>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WILSON, BARBARA E 8644 140 WAY NO SEMINOLE FL 33776	Name <i>Barbara E Wilson</i> Street Address (P.O. Box Number is Not Acceptable) <i>8644 140 Way No</i> City <i>Seminole</i> FL Zip Code <i>33776</i>
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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 <i>Barbara E Wilson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE _____ (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, BARBARA 8644 140 WAY NO SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, BARBARA 8644 140 WAY NO SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHEAVRONT, BARBARA 17316 83 PL NO LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEAVRONT, DONALD 17316 83 PL NO LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>Barbara E Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>3/1/04</i> 727 3910853 Daytime Phone #