

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90048 038 \*\*\*150.00

**DOCUMENT # P99000005928**

1. Entity Name

SWEET SAGE COFFEE COMPANY, INC.



Principal Place of Business

16725 GULF BLVD  
N. REDINGTON BEACH FL 33708

Mailing Address

16725 GULF BOULEVARD  
N. REDINGTON BEACH FL 33708

**50012463**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

16725 Gulf Blvd  
Suite, Apt. #, etc.

3. Mailing Address

16725 Gulf Blvd  
Suite, Apt. #, etc.

City & State

N. Redington Beach FL

City & State

N. Redington Beach FL

4. FEI Number

59-3598867

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, BARBARA  
8644 140 WAY NO  
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

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

*Barbara Wilson*

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 P ☐ Delete  
NAME WILSON, BARBARA  
STREET ADDRESS 8644 140 WAY NO  
CITY-ST-ZIP SEMINOLE FL 33776

TITLE VP ☐ Delete  
NAME WILSON, BARBARA  
STREET ADDRESS 8644 140 WAY NO  
CITY-ST-ZIP SEMINOLE FL 33776

TITLE S ☐ Delete  
NAME CHEAVRONT, BARBARA  
STREET ADDRESS 17316 83 PL NO  
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE T ☐ Delete  
NAME CHEAVRONT, DONALD  
STREET ADDRESS 17316 83 PL NO  
CITY-ST-ZIP LOXAHATCHEE FL 33470

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  
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

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:

*Barbara Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/05 727 391 0453