

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036223

FILED
Apr 21, 2005
Secretary of State

Entity Name: SWEET RETREATS BAKERY CORP.

Current Principal Place of Business:

2116 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

3929 HENDRICKS AVE
JACKSONVILLE, FL 32207

Current Mailing Address:

2116 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

3929 HENDRICKS AVE
JACKSONVILLE, FL 32207

FEI Number: 59-3572619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILCOX, AIMEE L
2116 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SILCOX, AIMEE L
3929M HENDRICKS AVE
JACKSONVILLE, FL 32207 US

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.

SIGNATURE:

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: DICKSON, NANCY B
Address: 1720 ASTURIAS STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VTD () Delete
Name: SILCOX, AIMEE L
Address: 2116 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: SILCOX, AIMEE L
Address: 3929 HENDRICKS AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VTD () Change (X) Addition
Name: SILCOX, AIMEE L VICE PR
Address: 3929 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AIMEE SILCOX

VTD

04/21/2005

Electronic Signature of Signing Officer or Director

Date