


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000073620 1. Entity Name PA'S TREATS, INC.	
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Principal Place of Business 3801 W. LAKE MARY BLVD. #159 LAKE MARY, FL 32746	Mailing Address 3801 W. LAKE MARY BLVD. #159 LAKE MARY, FL 32746
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03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3594227	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, STEVEN R 1551 GRACE LK CIR LONGWOOD, FL 32750
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**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HALL, STEVEN R 1551 GRACE LAKE CIR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS SIMONS, BARBARA M 1551 GRACE LK CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/25/04-80022-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 M Simons Sec/Treas 3/18/04 407-920-4349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #