2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # S56764** 1. Entity Name 05-04-2005 90176 039 ***150.00 CHANTILLY CAKES, INC. Principal Place of Business Mailing Address 13533 65TH ST N · - - - ' 13533 65TH ST:N 50047912 LARGO, FL 33771 LARCO, FL 33771- 119-3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #. etc. 05022005 Chg-P CR2E034 (10/03) City & State Applied For 4. FEI Number ea 59-3068729 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAPP, LOIS R Street Address (P.O. Box Number is Not Acceptable) **625-MAIN STREET** SAFETY HARBOR, FL-34695 8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of (egistered agent. SIGNATURE 4 d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** TITLE ☐ Delete TITLE Change NAME STAPP, LOIS R NAME STREET ADDRESS **525 MAIN STREET** STREET ADDRESS CITY-ST-7/P SAFETY HARBOR, FL 34695~ CITY-ST-ZIP VTD TITLE Delete TITLE Addition NAME STAPP, DAVID C. NAME STREET ADDRESS -525 MAIN STREET STREET ADDRESS CATY-ST-ZIP SAFETY HARBOR, FL. 34695 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P 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 angleress, with all other like empowered. President SIGNATURE:

FILED

May 04, 2005 8:00 am