

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12564

FILED
Feb 02, 2009
Secretary of State

Entity Name: ALESICA HOUSE OF CRAFTS, INC.

Current Principal Place of Business:

%WILLIAM E FORE
1034 LAKE HAVEN DRIVE
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

% WILLIAM E FORE
1034 LAKE HAVEN DRIVE
LUTZ, FL 33559

New Mailing Address:

%WILLIAM E FORE
1034 LAKE HAVEN DRIVE
LUTZ, FL 33559

FEI Number: 59-2053071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORE, WILLIAM E V,D
1034 LAKE HAVEN DRIVE
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V,D () Delete
Name: FORE, WILLIAM E V,D
Address: 1034 LAKE HAVEN DRIVE
City-St-Zip: LUTZ,, FL 33559

Title: P,D () Delete
Name: FORE, CHRISTINE E P,D
Address: 1034 LAKEHAVEN DRIVE
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM E. FORE

VD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date