2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F19585

1. Entity Name
CROSS STITCH CUPBOARD, INC.

Principal Place of Business	Mailing Address
1600 N.E. 26TH ST. FT LAUDERDALE, FL 33305	1600 N.E. 26TH ST. FT LAUDERDALE, FL 33305

02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2084138
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OWEN RICHARD D.
1650 NE 26 ST
FORT LAUDERDALE, FL 33305

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWARTZWELDER, MITTEN
STREET ADDRESS	5820 S.W. 7TH ST.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	SWARTZWELDER, KATHY
STREET ADDRESS	5820 SW 7TH ST.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	DT
NAME	OWEN, RICHARD
STREET ADDRESS	2621 CLEMATIS PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	D
NAME	OWEN, KAREN
STREET ADDRESS	2621 CLEMATIS PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	PD
NAME	IRWIN, WANDA REGENSDO ℜ F
STREET ADDRESS	2632 NE 27TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80141-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

4-14-06

SIGNATURE: Kathy Swartzwelder Kathy Swartzwelder 954 563-62
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #