

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009856

FILED
Apr 13, 2004
Secretary of State

Entity Name: ALEXA'S QUILTS & MORE, INC.

Current Principal Place of Business:

8793 CHAMBORE DRIVE
JACKSONVILLE, FL 32256

New Principal Place of Business:

226 MARTHA STREET
LIVE OAK, FL 32064

Current Mailing Address:

8793 CHAMBORE DRIVE
JACKSONVILLE, FL 32256

New Mailing Address:

7898 BLACKSTONE RIVER DRIVE E.
JACKSONVILLE, FL 32256

FEI Number: 59-3693738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBLE, STACEY
9686 125TH DR
LIVE OAK, FL 32060

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: P/D () Delete
Name: GEIST, AMANDA
Address: 8793 CHAMBORE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: V/T () Delete
Name: GEIST, JONATHAN
Address: 8793 CHAMBORE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: PUGH, SHEILA
Address: 226 MARTHA ST
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GEIST, AMANDA
Address: 7898 BLACKSTONE RIVER DRIVE E
City-St-Zip: JACKSONVILLE, FL 32256

Title: V/T (X) Change () Addition
Name: GEIST, JONATHAN
Address: 7898 BLACKSTONE RIVER DRIVE E
City-St-Zip: JACKSONVILLE, FL 32256

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

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: AMANDA GEIST

P/D

04/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date