

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000078750 1. Entity Name BERNINA PFAFF SEWING CENTER, INC.	
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Principal Place of Business 14976 N FLORIDA AVE. TAMPA, FL 33613	Mailing Address 14976 N FLORIDA AVE. TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



03252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3740875	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SIDLER, GREGOR
28815 WINDOVER STREET
WESLEY CHAPEL, FL 33544**

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDLER, GREGOR 28815 WINDOVER STREET WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDLER, DEBRA 28815 WINDOVER STREET WESLEY CHAPEL, FL 33544
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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.

SIGNATURE:  **Gregor Sidler** **4/28/06** **(813) 969-2458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #