## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044301

Entity Name: MOM AND TWO SISTERS, INC.

FILED Sep 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4635 CORDOBA PKWY 4635 CORONADO PARKWAY CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

**Current Mailing Address: New Mailing Address:** 

1154 LINCOLN CT CAPRE CORAL, FL 33904

FEI Number: 45-0514175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, DEBORAH ARNOLD, DEBORAH 1154 LINCOLN COURT 3011 DEL PRADO BLVD. S. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 US

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: DEBORAH M ARNOLD 09/09/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HELLER, JUDITH ARNOLD HELLER, JUDITH ARNOLD Name: Name: 4635 CORONADO PKWY 4635 CORDOBA PKWY Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: VD Title: VD () Delete (X) Change ( ) Addition Name: ARNOLD, LUCY Name: ARNOLD LUCY

4635 CORDOBA PKWY 4635 CORONADO PARKWAY Address: Address: CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition STD ( ) Delete STD

ARNOLD, DEBORAH ARNOLD, DEBORAH Name: Name: 4635 CORDOBA PKWY 4635 CORONADO PARKWAY Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

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: DEBORAH M ARNOLD SEC 09/09/2007