

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90510 009 ***150.00



DOCUMENT # P03000038992			
1. Entity Name 123 CRAFTS BY GINNY, INC.			
Principal Place of Business 123 TERONDA ROAD WELAKA, FL 32193		Mailing Address 123 TERONDA ROAD WELAKA, FL 32193	
2. Principal Place of Business		3. Mailing Address PO BOX 337	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WELAKA, FL	
Zip	Country	Zip	Country
		32193	USA
6. Name and Address of Current Registered Agent EVANS, BILLY F 123 TERONDA ROAD WELAKA, FL 32193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D, VP, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BILLY F	NAME	EVANS, BILLY F.
STREET ADDRESS	PO BOX 337	STREET ADDRESS	PO BOX 337
CITY-ST-ZIP	WELAKA, FL 32193	CITY-ST-ZIP	WELAKA, FL 32193
TITLE	D <input type="checkbox"/> Delete	TITLE	D, P, T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, VIRGINIA H	NAME	EVANS, VIRGINIA H.
STREET ADDRESS	PO BOX 337	STREET ADDRESS	PO BOX 337
CITY-ST-ZIP	WELAKA, FL 32193	CITY-ST-ZIP	WELAKA, FL 32193
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Virginia H Evans</i>		PRES. 4-22-04 (386) 467-7167	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



03142004 Chg-P CR2E034 (10/03)

4. FEI Number 43-2610932 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required