

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 434808
 1. Entity Name
PFAFF SEWING CENTER, INC



Principal Place of Business
**61 W. PROSPECT ROAD
 FT. LAUDERDALE FL 33309**

Mailing Address
**61 W. PROSPECT ROAD
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business
 Suite, Apt. #, etc

3. Mailing Address
 Suite, Apt #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
59-1483498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BURKLE, JACK D.
 61 W. PROSPECT RD.
 FT. LAUDERDALE FL 33309**

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
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T1 | |
|--|---------------------------------|--|--|
| TITLE D NAME CINDY D. MEAD STREET ADDRESS 2600 HARRISON CITY - ST - ZIP NILES MI 41920 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition UN0000063971 02/23/04-80184-002 150.00 |
| TITLE ST NAME BURKLE, NORMA STREET ADDRESS 4412 HWY 127 S. CITY - ST - ZIP CROSSVILLE TN 38555 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P NAME BURKLE, JACK D JR STREET ADDRESS 2009 N.W. 3 AVENUE CITY - ST - ZIP FT LAUDERDALE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Jack D Burkle, Pres* **Jack D Burkle, Pres** 2/19/04 954 772-7107



MOORE CR2E034 (11/03)