

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001735	
1. Entity Name DECORATIVE CRAFTS, INC.	

Principal Place of Business 50 CHESTNUT STREET GREENWICH, CT 06830	Mailing Address 50 CHESTNUT STREET GREENWICH, CT 06830
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5569715	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BODEM, LOREN E
815 COLORADO AVENUE, SUITE 305
STUART, FL 34994

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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 title if applicable **(NOTE: Registered Agent signature required when renewing)** **DATE** 04/30/05-80003-025 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC COHN, JEFFREY 4 BROADVIEW ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHN, CAROL 30 LINDSAY DRIVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COHN, RICHARD 30 LINDSAY DRIVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JEFFREY COHN** 2/11/05 **DATE** _____ **Daytime Phone #** _____