FILED
Apr 21, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H01771

1. Entity Name
HAND-CRAFT EMBROIDERY, INC.

Principal Place of Business	Mailing Address
% RUTH SAMMUT 10525 PARK BLVD. SEMINOLE, FL 34642	% RUTH SAMMUT 10525 PARK BLVD. SEMINOLE, FL 34642

01092008 No Chg-P CR2E054 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2423522

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SAMMUT, RUTH
10525 PARK BLVD. NORTH
SEMINOLE, FL 33542

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Note: Required registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	SAMMUT, RUTH
STREET ADDRESS	9503 ANTILLES DRIVE
CITY-ST-ZIP	SEMINOLE, FL
TITLE	DS
NAME	SAMMUT, FRANK CHARLES
STREET ADDRESS	9503 ANTILLES DRIVE
CITY-ST-ZIP	SEMINOLE, FL
TITLE	T
NAME	STEADHAM, LAUREN
STREET ADDRESS	9503 ANTILLES DR.
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000910102
05/06/08-80088-022 150.00

DO NOT WRITE IN THIS SPACE

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: Ruth Sammut Ruth Sammut 4/18/08 727-391-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

NAME	
TITLE	DS
STREET ADDRESS	
CITY-ST-ZIP	