

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # H53244**

1. Entity Name  
**THEONNE FABRICS, INC.**



Principal Place of Business  
**% THEONNE HARRIS  
909 WEST 39TH STREET  
PANAMA CITY, FL 32405**

Mailing Address  
**THEONNE FABRICS INC.  
P.O. BOX 859  
PANAMA CITY, FL 32402**



04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0111731**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARRIS, THEONNE  
909 WEST 39TH STREET  
PANAMA CITY, FL 32405**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HARRIS, THEONNE
STREET ADDRESS	909 WEST 39TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD
NAME	HARRIS, GUS
STREET ADDRESS	304 FLORIDA AVE.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	STD
NAME	HARRIS, DOROTHY
STREET ADDRESS	4425 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000700104  
04/20/07-80004-009 150.00

**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:**

*Dorothy Harris*  
**DOROTHY HARRIS**

**4/5/07**

**850 769 8321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #