

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53244

Entity Name: THEONNE FABRICS, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

909 WEST 39TH ST
PANAMA CITY, FL 32405

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 859
PANAMA CITY, FL 32402

FEI Number: 51-0111731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: THEONNE HARRIS

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, THEONNE,
Address: 909 WEST 39TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: HARRIS, GUS,
Address: 304 FLORIDA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD () Delete
Name: HARRIS, DOROTHY,
Address: 4425 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, THEONNE
Address: 909 WEST 39TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: VD (X) Change () Addition
Name: HARRIS, GUS A
Address: 304 FLORIDA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD (X) Change () Addition
Name: HARRIS, DOROTHY M
Address: 4425 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY HARRIS

STD

03/20/2009

Electronic Signature of Signing Officer or Director

Date