## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H86170

(8)

**COMFY CREATURES, INCORPORATED** 

Principal Place of Business Mailing Address  *KIRKBY. SANDY KIRKBY. SANDY 3011 15TH AVE W 3011 15TH AVE W  BRADENTON FL \$4205-238 BRADENTON FL 34205-238 US						DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  11/20/1985	SPAC	£
	2. Principal Place of Business 2e. Mailing Address					4. FEI Number		Applied For
21				59-2626508 Not Appl			Not Applicabl	
Suite, Ap	ot. #, etc.	Suite, Apt. #, 6				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & St		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip <b>29</b>	30 C	ountry			Ye	s 🔲 Ño
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agen	<u>t</u>
KIRKBY, SANDY 3011 15TH AVE W BRADENTON FL 34205-2238				82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
				84	City	FL	85	Zip Code
office or agent. I	r registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida, Such chang	e was authoriz	ed by	the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	∄ chan pointm	iging its registered ent as registered
SIGNATURE Signature, typod or printed name of registered agent, and title if applicable (NOTE: Registered					ont signature requ	uired when reinstating) DATE		·
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DEL	ETE 1.1	TITLE				hange 🔲 Addition
NAME				NAME				
STREET ADDRESS	,	•	1.3	STREET	ADDRESS			
CITY-ST-ZIP			CITY-S	T-71P		<del></del>	·	
TITLE			21 THILE			Шο	hange	
NAME				NAME				
STREET ADDRESS	§ J		B **		ADDRESS			
CITY-ST-ZIP		DEU		CITY-S	ST-ZIP		<del></del>	hange Addition
l title	ı	1 1060	cic ■ 3.1	TITLE	1		1 10	Hande I JACCILIO

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

Change

Change

Change

Addition

Addition

☐ Addition

**FILED** 

May 01 1998 8:00am

Secretary of State