2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## May 01, 2008 08:00 AN Secretary of State **DOCUMENT # J91135** 1. Entity Name RARE ACCENTS, INC. Principal Place of Business Mailing Address 3273 S.R. 584 PALM HARBOR FL 34684 3273 S.R. 584 PALM HARBOR FL 34684 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 59-2840856 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDREW, GAIL A. Street Address (P.O. Box Number is Not Acceptable) 3273 SR 584 PALM HARBOR FL 34684 Zip Code 8. The above named entity submits : t registered office or registered agent, or both, in the State of Florida. th, and accept the purphse of chaffer the congations of some (NOTE: Registered Agent signature required when reinstitting) FILE NUMIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT Change ☐ Addition Delete TITLE TITLE ANDREW, GAIL A. NAME NAME U00000939357 05/28/08-80019-021 150.00 3436 ROLLING TRAIL STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Addition TITLE Change | TITLE NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ППЕ ☐ Change Addition TITLE NAME MAIJE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1011.6 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS 0117-51-719 CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY- \$1- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath that I am an officer or director of the corporation or the receiver or trustee emptylered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

of the corporation or the receiver or trustee emp if changed, or on an attachment with an address

SIGNATURE AND TYPED

**FILED**