

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 013 ***150.00

DOCUMENT # K08205

1. Entity Name

SARAH & GRETE CLOTHES FRIENDS, INC.



Principal Place of Business
14130 TROUVILLE DR.
TAMPA, FL 33624

Mailing Address
16528 N DALE MABRY HWY
TAMPA, FL 33618

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2865488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WALTER S
16528 N DALE MABRY HWY
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Walter Sanders
(NOTE: Registered Agent signature required when reinstating)

4/30/08
DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTV
STERN, SUSAN J
14130 TROUVILLE DR.
TAMPA, FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STERN, SUSAN J
14130 TROUVILLE DR.
TAMPA, FL 33624 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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:

Susan Stern

Susan Stern

4/30/08

813-254-1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #