


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K24979
 1. Entity Name
 SUZANNE'S QUILT SHOP, INC.



Principal Place of Business
 1112 ROYAL PALM BEACH BLVD.
 ROYAL PALM BCH, FL 33411 US

Mailing Address
 C/O SUZANNE LEIMER
 11128 42ND RD N
 ROYAL PLAM BCH, FL 33411 US

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0055229 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KATHLEEN A. PAPARELLA, P.A.
 12765 W. FOREST HILL BLVD.
 SUITE 1302
 W. PALM BCH, FL 33414

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIMER, SUZANNE LAIRD 11128 42ND RD N ROYAL PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAIRD, NORA 13944 ENCANTARDO FT PIERCE, FL
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 07/12/04-80027-012 150.00

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12. 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 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: Suzanne L. Leimer Suzanne L. Leimer 7/11/04 561-798-0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone