

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-13-2005 90003 012 ***150.00
K56574

FILED

05 JUL -5 AM 11:18

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # K56574

1. Entity Name
MORETZ FABRIC AND FOAM, INC.



Principal Place of Business
**1129-C RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

Mailing Address
**1129-C RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE



06092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2922297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, M. DEAN
232 THIRD AVENUE
DAYTONA BEACH FL, FL 32114**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	VD
NAME	MORETZ, JOANN
STREET ADDRESS	1017 SCHOCKNEY DR.
CITY- ST- ZIP	ORMOND BEACH, FL
TITLE	STD
NAME	WEBBER, LYNDA
STREET ADDRESS	1143 LANDERS ST.
CITY- ST- ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/05 306-253-6217