


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90068 032 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2922297	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NELSON, M. DEAN 232 THIRD AVENUE DAYTONA BEACH FL, FL 32114				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORETZ, JOANN 1017 SCHOCKNEY DR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEBBER, LYNDA 1143 LANDERS ST. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MILANE, LYNDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lynnda A. Milane</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/07 386-253-6217 <small>Date Daytime Phone #</small>		

ATTACHMENT

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

09/07/2006 01:38 PM

Instrument: 2006-001392

Book: 3800

Page: 1593

Diane M. Matousek

Volusia County, Clerk of Court

2006-001392 CI

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) WILLIAM EDWARD MILANE			2. DATE OF BIRTH (Month, Day, Year) 3/20/1958		
3a. RESIDENCE - CITY, TOWN, OR LOCATION ORMOND BEACH		3b. COUNTY VOLUSIA		3c. STATE FL	
4. BIRTHPLACE (State or Foreign Country) NJ					
5a. BRIDE'S NAME (First, Middle, Last) LYNDA ANN WEBBER			5b. MAIDEN SURNAME (If different) SMITH		6. DATE OF BIRTH (Month, Day, Year) 11/23/1964
7a. RESIDENCE - CITY, TOWN, OR LOCATION ORMOND BEACH		7b. COUNTY VOLUSIA		7c. STATE FL	
8. BIRTHPLACE (State or Foreign Country) FL					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>William Edward Milane</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON DATE 9/1/2006	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Diane M. Matousek</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Linda Ann Webber</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON DATE 9/1/2006	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Diane M. Matousek</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE VOLUSIA		18. DATE LICENSE ISSUED 9/1/2006		18a. DATE LICENSE EFFECTIVE 9/1/2006		19. EXPIRATION DATE 10/31/2006	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>H. Pop Hambrick</i>				20b. TITLE COUNTY JUDGE			

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) Sept 2, 2006		22. CITY, TOWN, OR LOCATION OF MARRIAGE Daytona	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Rebecca Meyer</i>		23c. MAILING ADDRESS (Of person performing ceremony) 8 Indian Tr. Ormond Beach FL 32174	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) REBECCA MEYER Notary Public - State of Florida My Commission Expires Apr 19, 2007		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Linda Ann Webber</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>William Edward Milane</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

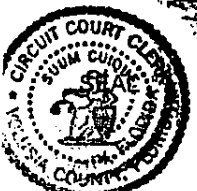
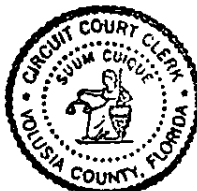
26. SOCIAL SECURITY NUMBER		27. RACE		28. PREVIOUS MARRIAGES		29a. NO. OF THIS MARRIAGE		29b. LAST MARRIAGE ENDED BY		29c. DATE LAST MARRIAGE ENDED	
----------------------------	--	----------	--	------------------------	--	---------------------------	--	-----------------------------	--	-------------------------------	--

"THIS SECTION IS CONFIDENTIAL PER F.S. 741.04"

STATE OF FLORIDA, VOLUSIA COUNTY
HEREBY CERTIFY the foregoing is a true copy
of the original filed in this office. This

day of **Sept**, 2006
Clerk of Circuit and County Court

By *Diane M. Matousek*
Deputy Clerk



SEAL

SEAL

GROOM