2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K56574

1. Entity Name
MORETZ FABRIC AND FOAM, INC.

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

DO NOT WRITE IN THIS SPACE

03052008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2922297		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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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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000900075 04/29/08-80014-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	VD	
NAME	MORETZ, JOANN	
STREET ADDRESS	1017 SCHOCKNEY DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	STD	
NAME	MILANE, LYNDA	
STREET ADDRESS	1143 LANDERS ST.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: _Lynda A. Milane_   _4/12/08_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #