


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M61973</b>	
<b>1. Entity Name</b> FASHIONS BY Nanci INC.	

<b>Principal Place of Business</b> 502 PALM STREET SUITE 3 WEST PALM BEACH, FL 33401 US	<b>Mailing Address</b> 502 PALM STREET SUITE 3 WEST PALM BEACH, FL 33401 US
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0012378	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

HUBER, JOSEPH  
2001 BENSILE CIRCLE  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE 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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000299460 04/11/05-80107-022 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> P	<b>NAME</b> HUBER, JOSEPH
<b>STREET ADDRESS</b> 2001 BONSILE CIRCLE	<b>CITY - ST - ZIP</b> PALM BEACH GARDENS, FL 33418
<b>TITLE</b> VP	<b>NAME</b> HUBER, Nanci
<b>STREET ADDRESS</b> 2001 BONSILE CIRCLE	<b>CITY - ST - ZIP</b> PALM BEACH GARDENS, FL 33418
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

**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:** Joseph Huber JOSEPH HUBER 2/3/05 561 655 6799

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