

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003316

FILED
Apr 23, 2008
Secretary of State

Entity Name: FLORIDA CRACKER STYLE, INC.

Current Principal Place of Business:

760 FOOTBRIDGE DR
#204
MELBOURNE, FL 32934

New Principal Place of Business:

1185 ALBION ST NW
PALM BAY, FL 32907

Current Mailing Address:

760 FOOTBRIDGE DR
#204
MELBOURNE, FL 32934

New Mailing Address:

1185 ALBION ST NW
PALM BAY, FL 32907

FEI Number: 01-0612465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMETH, NANCY
760 FOOTBRIDGE DR
#204
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

NEMETH, NANCY
1185 ALBION ST. NW
PALM BAY, FL 32907 US

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.

SIGNATURE:

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: NEMETH, NANCY
Address: 760 FOOTBRIDGE DR, #204
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: KOHFELDT, CYNDRA
Address: 2441 VERMONT STREET
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: KOHFELDT, KAYLEE
Address: 2441 VERMONT STREET
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: NEMETH, NANCY
Address: 1185 ALBION DR. NW
City-St-Zip: PALM BAY, FL 32934

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY NEMETH

PTSD

04/23/2008

Electronic Signature of Signing Officer or Director

Date