2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State 05-21-2008 90018 004 ****61.25

DOCUMENT # N0300000225 1. Entity Name LARGO CRACKER QUILTERS, INC.					0	5-21-2008	90018 0	04 ****6	1.25	
P.O. BOX 5205		Mailing Address P.O. BOX 5205 LARGO, FL 33779			50005597					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05132008 _{Ct}	ng-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number			Ap	plied For	
Zip Country		Zip	Country		37-143935 5. Certificate of St.			\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Add			Fee Require	d	
		registered Agent	Name	100.			agistered A	Aaur		
	ISON, BARBARA L					WCY NELSON (P.O. Box Number is Not Acceptable)				
11425 113TH AVE. SEMINOLE, FL 33778							<u></u>			
				903	0 4157	STREE	7			
			City	PINE	O 4157 LLAS PAR	?K	FL	Zip Code	87-	
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or pright name of registered agent.	lem ?	registered office of NANCY N PIRETON REGISTERE :: Registered Agent sign	ELSO. E F ED I	N AGENT	the State of Fi		08	and accept	
			- rogazio Agent sign	eture required	when reinstating)		I DATE			
	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Carr Trust Fund C	npaign Financing	-	\$5.00 May Be Added to Fees			payable to		
10.	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIR	9. Election Carr Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees	Flor ES TO OFFICE	ida Depart	ment of St	tate	
	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Carr Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees	Flor	ida Depart	RECTORS IN	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE P SCAFFIDI, JOAN 16450 GULF BLVD. #666	9. Election Carr Trust Fund C RECTORS	npaign Financing contribution. 11. TITLE NAME STREET ADDRESS	P/1	\$5.00 May Be Added to Fees ADDITIONS/CHANGE TO ELLEN S.	Flor ES TO OFFICE MITH VERGRE	ida Depart	RECTORS IN Change	tate	
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TREASURER