

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 037 ****61.25

DOCUMENT # N94000006137

1. Entity Name

BUTTONWOOD BAY HOBBY SHOP, INC.



Principal Place of Business

Mailing Address

10001 US 27 S
SEBRING FL 33875
US

9861 SWAN LANE
SEBRING FL 33875
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0541665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWERS, SANDRA
9861 SWAN LANE
SEBRING FL 33875

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

Sandra J. Bowers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WILLIAMS, EDWARD
STREET ADDRESS 437 WHIPPOORWILL DR
CITY-STATE-ZIP SEBRING FL 33875

TITLE VP ☐ Change ☒ Addition
NAME ZEROVEC, JACK.
STREET ADDRESS 616 WHIPPOORWILL
CITY-STATE-ZIP SEBRING, FL 33875

TITLE VP ☐ Delete
NAME FAIRBANK, KEN
STREET ADDRESS 322 REDWOOD DR
CITY-STATE-ZIP SEBRING FL 33875

TITLE PD ☒ Change ☐ Addition
NAME FAIRBANK, KEN
STREET ADDRESS 322 REDWOOD DR
CITY-STATE-ZIP SEBRING, FL 33875

TITLE SD ☐ Delete
NAME GANT, ALMETA
STREET ADDRESS 554 COTTONWOOD DR
CITY-STATE-ZIP SEBRING FL 33875

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE TD ☐ Delete
NAME BOWERS, SANDRA
STREET ADDRESS 9861 SWAN LANE
CITY-STATE-ZIP SEBRING FL 33875

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:

Sandra J. Bowers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 863-655-4825