

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90077 026 ***150.00

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|--|--|--|--|---|--------------------------------|
| DOCUMENT # P00000026224 | | | | | |
| 1. Entity Name FANCY STUFFINS, INC. | | | | | |
| Principal Place of Business C.O KATHLEEN S. CHRISTOPHER 2003 S TAMIAMI TRAIL VENICE, FL 34293 | | | Mailing Address 2003 S TAMIAMI TRAIL VENICE, FL 34293 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0999007 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CHRISTOPHER, WILLIAM G 535 PALM AVENUE S. SARASOTA, FL 34236 | | | Name <u>Christopher, William G.</u> Street Address (P.O. Box Number is Not Acceptable) <u>601 South Osprey Avenue</u> City <u>Sarasota</u> FL Zip Code <u>34236</u> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete CHRISTOPHER, KATHLEEN S 1011 OAK MEADOW LANE OSPREY, FL 34228898 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <u>Jacqueline DiGioia</u> <u>4275 Wordsworth</u> <u>Venice, FL 34293</u> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>D</u> <u>Jacqueline DiGioia</u> <u>4275 Wordsworth Way</u> <u>Venice FL 34293</u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Kathleen S. Christopher</u> | | | <u>3/30/05</u> | | <u>941-486-9818</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |