

2008 FOR PROFIT CORPORATION

DOCUMENT # P00000097039

1. Entity Name

HAND CARVED CREATION, INC.



2008 NOV 3 AM 11:24

Principal Place of Business

5331 N. DIXIE HIGHWAY
34
BOCA RATON FL 33487

Mailing Address

5331 N. DIXIE HIGHWAY
34
BOCA RATON FL 33487

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

REINSTATEMENT 08

4. FEI Number 65-1049182

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

PALMER, ERROL
5331 N. DIXIE HIGHWAY
34
BOCA RATON FL 33487

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

Errol Palmer

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

(NOTE: Registered Agent signature required when reinstating)

11/3/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

P
PALMER, ERROL
5331 N. DIXIE HWY
BOCA RATON FL 33487

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

Errol Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/08

DATE

Daytime Phone #

Hand Carved Creations Inc.

"We Make Your Cabinet Dreams Become a Reality"

5331 N. Dixie Hwy • Boca Raton, Fl 33487

Phone: (561) 893-0292 • Fax: (561) 893-0294 •

<http://www.handcarvedcreations.pricesterhost.com>

11/13/08

To whom it may concern:

We did not receive any prior notices or postcard for 2008 annual report; please waive the late fees that are applied to this account. The check in the amount of \$150.00 was received and cash against our account. Thank you.

Yours sincerely,
Hand-Carved Creations Inc.