

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91027 029 ***150.00

DOCUMENT # P01000086360

1. Entity Name
SEW FAR SEW GOOD, INC.



Principal Place of Business
**7691 OAK GROVE CIRCLE
 LAKE WORTH, FL 33467**

Mailing Address
**7691 OAK GROVE CIRCLE
 LAKE WORTH, FL 33467**

44037172

2. Principal Place of Business
9261 VERCELLI STREET

3. Mailing Address
9261 VERCELLI STREET

Suite, Apt. #, etc.



03242004 Chg-P CR2E034 (10/03)

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33467

Country

4. FEI Number
65-1137754

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GELLER, JEFFREY S.
 C/O ETCHEVERRY KOURI & HARRISON, LLP
 2500 WESTON RD, SUITE 400
 FT LAUDERDALE, FL 33331**

7. Name and Address of New Registered Agent

Name
JEFFREY S. GELLER

Street Address (P.O. Box Number is Not Acceptable)
70 ETCHEVERRY HARRISON LLP

2500 WESTON ROAD, SUITE 400

City
FT LAUDERDALE FL Zip Code
33331

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:  DATE: **3/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election of Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

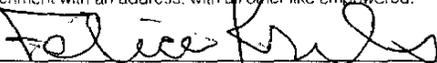
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KREBS, FELICE	
STREET ADDRESS	4195 SEA MIST WAY	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREBS, STEVEN C	
STREET ADDRESS	4195 SEA MIST WAY	
CITY-ST-ZIP	WELLINGTON, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICE KREBS	
STREET ADDRESS	9261 VERCELLI STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN C KREBS	
STREET ADDRESS	9261 VERCELLI STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR