## 2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNI

## Mar 09, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P01000107754** 03-09-2006 90149 012 \*\*\*150.00 MARILOU'S QUILTING & SEWING CENTER OF RYANWOOD, INC. Principal Place of Business Mailing Address 8802 N. US 1 8802 N. US 1 SEBASTIAN, FL 32958 US SEBASTIAN, FL 32958 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 80-0045420 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHN, STANLEY Street Address (P.O. Box Number is Not Acceptable) 8802 N. US 1 SEBASTIAN, FL 32958 City 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. 10. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change Marilou Keen 8325 664 Avenue Verp Brach, FL 32967 KAHN, STANLEY NAME NAME STREET ADDRESS 8802 US I STREET ADDRESS SEBASTIAN, FL 32958 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 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.

**FILED** 

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