

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000107754

1. Entity Name
**MARILOU'S QUILTING & SEWING CENTER OF
RYANWOOD, INC.**



Principal Place of Business -
**8802 N. US 1
SEBASTIAN, FL 32958 US**

Mailing Address
**8802 N. US 1
SEBASTIAN, FL 32958 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 80-0045420 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**KAHN, STANLEY
8802 N. US 1
SEBASTIAN, FL 32958**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008 Fee will be \$550.00**

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

U000000865047
04/07/08-80013-004 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAHN, STANLEY 8802 US 1 SEBASTIAN, FL 32958 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEEN, MARILOU 8325 66TH AVE VERO BEACH, FL 32967 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Stanley W. Kahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 772-589-0011
Date Daytime Phone #