

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # P01000115755**

1. Entity Name  
**THE CANVAS SHOP OF NORTH FLORIDA, INC.**



01-18-2005 90067 001 \*\*\*150.00  
01-18-2005 90067 002 \*\*\*\*\*8.75

Principal Place of Business  
2305 BEACH BLVD.  
SUITE 110  
JACKSONVILLE BEACH, FL 32250

Mailing Address  
2305 BEACH BLVD  
SUITE 110  
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business

3. Mailing Address

*2305 Beach Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*110*

City & State

City & State

*Jacksonville Beach FL*

Zip

Country

Zip

*32250*

Country

*USA*

01132005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3760412**

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

**WATKINS, MARGO**  
**837 5TH AVE NORTH**  
**JACKSONVILLE BEACH, FL 32250**

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

*Margo Watkins*

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

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*V* *Name Spelled wrong*  
**SUWANEY, ANGIE**  
**3875 SOUTH SAN PABLO RD # 724**  
**JACKSONVILLE, FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*P*  
**WATKINS, MARGO**  
**837 5TH AVE N**  
**JAY BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Swaney, Angie*  
**845 Amberjack Lane**  
**Atlantic Beach Lane**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*32233*

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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:**

*Margo Watkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #