


2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-18-2008 90001 028 ***150.00

FILED

2008 JUL -1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001213					
1. Entity Name DERREL'S SEWING CENTER, INC.					
Principal Place of Business 2431 HIGHWAY 77 PANAMA CITY, FL 32405			Mailing Address 2431 HIGHWAY 77 PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box # 2431 Hwy 77			3. Mailing Address 2431 Hwy 77		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 68-0490057	
Zip 32405		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06042008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PSTD <input type="checkbox"/> Delete				
NAME	DANIELS, BRENDA C				
STREET ADDRESS	2431 HIGHWAY 77				
CITY-ST-ZIP	PANAMA CITY, FL 32405				
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					
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	<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					
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 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: <u>Brenda C Daniels</u> 6/17/08 850-763-6735					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					