

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000021781**

1. Entity Name  
**QUILTING BY THE BAY, INC.**



Principal Place of Business  
**2303 WINONA DR.  
PANAMA CITY, FL 32405**

Mailing Address  
**2901 BRIARCLIFF RD.  
PANAMA CITY, FL 32405**



02072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0003093**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PERDUE, SANDRA M  
2901 BRIARCLIFF RD.  
PANAMA CITY, FL 32405**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

000000651124  
03/08/07-80039-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **PERDUE, SANDRA M**  
STREET ADDRESS **2303 WINONA DR.**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D**  
NAME **PERDUE, JOSEPH A**  
STREET ADDRESS **2303 WINONA DR.**  
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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: Sandra M Perdue Sandra M. Perdue 2/24/07 850 215-7282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #