


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 022 ***150.00

P02000036515					
1. Entity Name GONE QUILTIN, INC.					
Principal Place of Business 1223 HOMESTEAD RD LEHIGH ACRES, FL 33936			Mailing Address 1223 HOMESTEAD RD LEHIGH ACRES, FL 33936		
2. Principal Place of Business 1105 Moore Ave Suite, Apt. #, etc.		3. Mailing Address 1105 Moore Ave Suite, Apt. #, etc.		03042004	
City & State Lehigh Acres FL Zip 33972 Country Lee		City & State Lehigh Acres FL Zip 33972 Country Lee		4. FEI Number 74-3035843	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent KREYLING, SHIRLEY L 1223 HOMESTEAD ROAD LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1105 Moore Ave City Lehigh Acres FL Zip Code 33972		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREYLING, SHIRLEY L 1223 HOMESTEAD RD LEHIGH ACRES, FL 33936		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				1105 Moore Ave Lehigh Acres FL 33972	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Shirley L. Kreyling 4-13-04 239 3697670 <small>Date Daytime Phone #</small>		