


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 10, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P02000055188</b>	
1. Entity Name <b>HER SPECIAL TIME MATERNITY BOUTIQUE, INC.</b>	

Principal Place of Business <b>1746 BRUCE B DOWNS BLVD STE 126 WESLEY CHAPEL, FL 33543</b>	Mailing Address <b>1746 BRUCE B DOWNS BLVD STE 126 WESLEY CHAPEL, FL 33543</b>
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05052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0710023</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>SPAW, SHERRI L 27718 BREAKERS DR WESLEY CHAPEL, FL 33543</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. 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  
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, SHARON E 1746 BRUCE B DOWNS BLVD STE 126 WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SPAW, SHERRI L 1746 BRUCE B DOWNS BLVD STE 126 ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, SHARON C 1746 BRUCE B DOWNS BLVD STE 126 ZEPHYRHILLS, FL 33543
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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:** Sharon C Smith Sharon C Smith 5/1/06 813-907-272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #