

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062175

FILED
Feb 16, 2009
Secretary of State

Entity Name: THE SEWING GARRET, INC.

Current Principal Place of Business:

949 BEVILLE ROAD
BUILDING B
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

949 BEVILLE ROAD
BUILDING D
SOUTH DAYTONA, FL 32119

Current Mailing Address:

3637 ST. RD. 44
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 02-0613862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEEMAN, GRACYE
309 S. INDIAN RIVER RD.
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BEEMAN, GRACYE
Address: 949 BEVILLE ROAD, BLDG B
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VT () Delete
Name: LINSLEY, COLETTE
Address: 949 BEVILLE ROAD BLDG B
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLETTE LINSLEY

VT

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date