


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90027 029 ***150.00

DOCUMENT # P02000078509	
1. Entity Name STITCH BY DESIGN, INC.	

Principal Place of Business 713 HONORE AVE SARASOTA, FL 34232	Mailing Address 713 HONORE AVE SARASOTA, FL 34232
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40085872



2. Principal Place of Business 427 Porter Lake Dr. Suite, Apt. #, etc. #105 City & State Sarasota FL Zip 34240 Country Sarasota	3. Mailing Address 427 Porter Lake Dr. Suite, Apt. #, etc. #105 City & State Sarasota FL Zip 34240 Country Sarasota
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03232005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3645867	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEATY, ERIC 3735 EAGLE HAMMOCK DRIVE SARASOTA, FL 34240	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEATY, ERIC 3735 EAGLE HAMMOCK DR. SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Date: 4/21/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #