

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90004 013 ***150.00

DOCUMENT # P03000031443

1. Entity Name
QUILTS N' MORE! INC



Principal Place of Business
**17753 TOLEDO BLADE BLVD
4D
PORT CHARLOTTE, FL 33948**

Mailing Address
**17753 TOLEDO BLADE BLVD
4D
PORT CHARLOTTE, FL 33948**

54072438



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022004

Chg-P

CR2E034 (10/03)

4. FEI Number

45-0506507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMLIN, ELAINE
3755 WARRIOR AVE
NORTH PORT, FL 34287**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HAMLIN, ELAINE**
STREET ADDRESS **3755 WARRIOR AVE**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☒ Change ☐ Addition
NAME **4272 Birch St**
STREET ADDRESS **Macclellan FL 32063**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Elaine S Hamlin* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/04 **904-653-1518**

Date

Daytime Phone #