


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000073898	
1. Entity Name MARK & RHONDA'S CANVAS CRAFTS, INC.	

Principal Place of Business 501 N FT HARRISON AVENUE CLEARWATER, FL 33755	Mailing Address 501 N FT HARRISON AVENUE CLEARWATER, FL 33755
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03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0069810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARRETT, MARK 501 N FT HARRISON AVENUE CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, MARK 501 N FT HARRISON AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRETT, RHONDA 501 N FT HARRISON AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, MARK 501 N FT HARRISON AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRETT, RHONDA 501 N FT HARRISON AVENUE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/08-80055-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08 **727-447-0189**
Date Daytime Phone #