

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 023 ***550.00

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1. Entity Name
TASSEL'S FINE DECORATIVE FABRIC & TRIMS, INC.



Principal Place of Business
**5008 SYLVAN OAKS DR
VALRICO, FL 33594**

Mailing Address
**5008 SYLVAN OAKS DR
VALRICO, FL 33594**

00062928



2. Principal Place of Business
1933 SR 60 E

3. Mailing Address
1933 SR 60 E

08042005 Chg-P CR2E034 (10/03)

City & State
VALRICO, FL

City & State
VALRICO, FL

4. FEI Number
33-1080296

Applied For
Not Applicable

Zip
33594

Country
USA

Zip
33594

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JERNIGAN, SHARON P
5008 SYLVAN OAKS DR
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

Name **BARBARA G. LYTTLE**

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

5514 KEELER OAK ST

City **LITHIA**

FL

Zip Code **33547**

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

Barbara G. Lytle

8/4/05

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JERNIGAN, SHARON P**
STREET ADDRESS **5008 SYLVAN OAKS DR**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete
NAME **LYTTLE, BARBARA G**
STREET ADDRESS **5514 KEELER OAK ST**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JERNIGAN, SHARON P** ☒ Change ☐ Addition
NAME **6114 KITE RIDGE DR**
STREET ADDRESS **LITHIA, FL 33547**
CITY-ST-ZIP

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

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

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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

Barbara G. Lytle

8/4/05