


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 038 ***150.00

DOCUMENT # P04000051431

1. Entity Name
FIBER ART INC.



Principal Place of Business
11933 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654 US

Mailing Address
11933 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654 US

2. Principal Place of Business
8102 N Mobley Rd
Suite, Apt. #, etc.

3. Mailing Address
8102 N Mobley Rd
Suite, Apt. #, etc.

City & State
Odessa FL

City & State
Odessa, FL

Zip
33556 Hillsborough

Zip
33556 Hillsborough



01032005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0894943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MOORE, ROSALIND G
11933 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

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 ROSALIND MOORE 4/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$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	P MOORE, ROSALIND G 11933 TEE TIME CIRCLE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MOORE, ROSALIND G 11933 TEE TIME CIRCLE NEW PORT RICHEY, FL 34654 <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: ROSALIND MOORE 4/20/05 813-792-5999
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #