

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

09-05-2007 90005 037 \*\*\*550.00

DOCUMENT # P04000104722

1. Entity Name

ALTERATIONS BY SYLVIA, INC.



Principal Place of Business  
327 E BAY ST  
JACKSONVILLE FL 32202

Mailing Address  
P.O. BOX 23081  
JACKSONVILLE FL 32241



2. Principal Place of Business - No P.O. Box #

4427 EMERSON ST.

3. Mailing Address

P.O. BOX 23081

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 7

City & State  
Jacksonville, FL

City & State  
Jacksonville

Zip  
32207

Country  
UNITED STATES

Zip  
FL 32241

Country  
United States

2nd MOORE

CR2E034 (4/07)

4. FEI Number 27-0098736

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, SYLVIA  
327 E BAY ST  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name  
THORNTON, SYLVIA  
Street Address (P.O. Box Number is Not Acceptable)  
4427 EMERSON ST. Bldg 7

City  
Jacksonville

FL

Zip Code  
32207

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

*Sylvia J Thornton*

8-31-07

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 5, 2007**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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  
WRIGHT, SYLVIA J  
327 E BAY ST  
JACKSONVILLE FL 32202 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THORNTON, SYLVIA J. ☒ Change ☐ Addition  
4427 EMERSON ST. Bldg 7  
Jacksonville, FL 32207

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

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

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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

*Sylvia J Thornton*

8-31-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #