



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P04000152678 1. Entity Name MIMI'S CRAFTS INC.	
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Principal Place of Business 214 HWY. A1A SATELLITE BEACH, FL 32937	Mailing Address 214 HWY. A1A SATELLITE BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE


03242008 No Chg-P CR2E034 (11/05)
4. FEI Number
20-1881293 Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ORRISON, MICHELE
214 HWY. A1A
SATELLITE BEACH, FL 32937**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000888647 04/22/08-80020-022 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORRISON, MICHELE 136 SE 1ST STREET SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORRISON, BRIAN C 136 SE 1ST STREET SATELLITE BEACH, FL 32937
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**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:  **MICHELE ORRISON** **4/7/04** **321 7793266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #