2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000161708

1. Entity Name
FORMAL SETTINGS, INC.

Principal Place of Business	Mailing Address
4623 NW 8TH AVE	PO BOX 590295
FORT LAUDERDALE, FL 33309	FORT LAUDERDALE, FL 33359

DO NOT WRITE IN THIS SPACE

04302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1993322	Not Applicable

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

6. Name and Address of Current Registered Agent

ASH, MARY
1331 SEAVIEW
N. LAUDERDALE, FL 33068

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_____

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, 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	CEO
NAME	ASH, MARY
STREET ADDRESS	1331 SEAVIEW
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80007-003 150.00

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: _____ MARY R. ASH   4/30/08   954 675-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #