

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90206 029 ***150.00

DOCUMENT # P05000040792

1. Entity Name

ALL ABOUT THREADS INC.



Principal Place of Business

6725 SE 221 STREET
HAWTHORNE FL 32640
US

Mailing Address

PO BOX 1087
HAWTHORNE FL 32640
US

2. Principal Place of Business

854 N SR 21

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELROSE, FL

City & State

Zip

32666

Country

USA

Zip

Country

4. FEI Number

84-1674289

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Active

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

ZUCCARELL, PAULINE R
101 BAYBERRY DR. PO BOX 1087
HAWTHORNE FL 32640

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ZUCCARELL, PAULINE R
STREET ADDRESS PO BOX 1087
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE VP ☐ Delete
NAME MANSON, LENORE L
STREET ADDRESS PO BOX 1087
CITY-ST-ZIP HAWTHORNE FL 32640

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Section 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:

Pauline R Zuccarelli Pauline R Zuccarelli

4-25-06

352-475-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #