

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 010 ***150.00

DOCUMENT # P05000061226

1. Entity Name
CUSTOM STITCHES OF FLORIDA, INC.



Principal Place of Business
**504 HARRISON AVE
PANAMA CITY, FL 32409**

Mailing Address
**504 HARRISON AVE
PANAMA CITY, FL 32409**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2744992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOMBATHY, JULIE ANN
434 MAGNOLIA AVE.
PANAMA CITY, FL 32401**

**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, 2007 Fee will be \$550.00**

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
**PSTD
WHITE ROWE, ASHLEY
504 HARRISON AVE
PANAMA CITY, FL 32409**

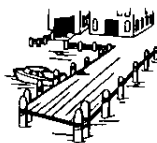
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STEPHENSON, LORRI W
504 HARRISON AVE
PANAMA CITY, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEPHENSON, DUSTIN
504 HARRISON AVE
PANAMA CITY, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



BOON DOCKS
restaurant
On the Intracoastal Waterway at West Bay
850-230-0005

*There has been a change of
address to 445 Harrison.
We did not receive on time.*

**ITE
ACE**

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:

Ashley White Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 215-4739