

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061226

FILED  
Aug 08, 2009  
Secretary of State

Entity Name: CUSTOM STITCHES OF FLORIDA, INC.

## Current Principal Place of Business:

445 HARRISON AVE  
PANAMA CITY, FL 32401

## New Principal Place of Business:

## Current Mailing Address:

445 HARRISON AVE  
PANAMA CITY, FL 32401

## New Mailing Address:

FEI Number: 20-2744992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: WHITE ROWE, ASHLEY  
Address: 445 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete  
Name: STEPHENSON, LORRI W  
Address: 445 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: STEPHENSON, DUSTIN  
Address: 445 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRI STEPHENSON

VD

08/08/2009

Electronic Signature of Signing Officer or Director

Date