

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102264

FILED  
May 01, 2008  
Secretary of State

Entity Name: CROW HOLLOW CANDLE COMPANY

**Current Principal Place of Business:**

900 MONTICELLO BLVD N  
ST PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

900 MONTICELLO BLVD N  
ST PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 20-3148508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUTTOWSKY, GENE  
5200 28TH ST N LOT 353  
ST PETERSBURG, FL 33714 US

**Name and Address of New Registered Agent:**

GUTTOWSKY, GENE  
4885 1ST STREET NE  
ST PETERSBURG, FL 33703 US

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

05/01/2008

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: P ( ) Delete  
Name: BRAY, SUE A  
Address: 900 MONTICELLO BLVD N  
City-St-Zip: ST PETERSBURG, FL 33703

Title: TS ( ) Delete  
Name: BRAY, GREGORY  
Address: 900 MONTICELLO BLVD N  
City-St-Zip: ST PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SUE A. BRAY

Electronic Signature of Signing Officer or Director

P

05/01/2008

Date