2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148654

Title:

Name:

Address:

City-St-Zip:

Entity Name: SISTERS TEAROOM OF ORANGE PAR

() Delete

3131 FOX SQUIRREL DRIVE

ORANGE PARK, FL 32073 US

MOORE, LISA

FILED Apr 30, 2007 Secretary of State

Entity Nam	ie: SISTERS	TEAROOM OF ORANGE PAR	≀K, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
3131 FOX SQUIRREL DRIVE ORANGE PARK, FL 32233				3131 FOX SQUIRREL DRIVE ORANGE PARK, FL 32073				
Current Mailing Address:				New Mailing Address:				
3131 FOX SQUIRREL DRIVE ORANGE PARK, FL 32233				3131 FOX SQUIRREL DRIVE ORANGE PARK, FL 32073				
FEI Number:	20-3746367	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
CONRY, ROSE 3131 FOX SQUIRREL DRIVE ORANGE PARK, FL 32233 US				CONRY, ROSE 3131 FOX SQUIRREL DRIVE ORANGE PARK, FL 32073 US				
The above in the State		ubmits this statement for the p	urpose o	f changing it	s registered	office or reg	istered agent, o	r both,
SIGNATURE:				04/30/2007				
Electronic Signature of Registered Agent						Da	ate	
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () CONRY, ROSE 3131 FOX SQUI ORANGE PARK,			Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	S () SOLES, REXANI 130 ROSEWOO BALDWIN, FL 3	DS		Title: Name: Address: City-St-Zip:	S (X SOLES, REXA 130 ROSEWO BALDWIN, FL	OOD AVENUE	Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROSE CONRY P 04/30/2007

() Change () Addition