

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90059 050 ***150.00

DOCUMENT # P06000038654

1. Entity Name
SCRAPBOOKS & CRAVINGS, INC.



Principal Place of Business

~~6700 CALISTOGA CIRCLE~~
~~PORT ORANGE, FL 32128~~

Mailing Address

~~6700 CALISTOGA CIRCLE~~
~~PORT ORANGE, FL 32128~~

40051061



2. Principal Place of Business - No P.O. Box #

1930 W. Granada Blvd.

3. Mailing Address

1930 W. Granada Blvd.

Suite, Apt. #, etc.

Unit #2

Suite, Apt. #, etc.

Unit #2

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

03162007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4843050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANCASTER-BUDNICK, ROBIN F
6700 CALISTOGA CIRCLE
PORT ORANGE, FL 32128

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, 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 ☐ Delete
P LANCASTER-BUDNICK, ROBIN F
STREET ADDRESS **6700 CALISTOGA CIRCLE**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE NAME ☐ Delete
ST BUDNICK, MARTIN A
STREET ADDRESS **6700 CALISTOGA CIRCLE**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

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:

Robin Lancaster Budnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07
Date

386-868-5080
Daytime Phone #