

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086053

FILED
Feb 20, 2009
Secretary of State

Entity Name: KATHRYN'S DESIGN STUDIO & FURNITURE GALLERY, INC.

Current Principal Place of Business:

1750 LONGLEAF BLVD
UNIT 11
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

1750 LONGLEAF BLVD
UNIT 11
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 06-1781828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSTON, KATHRYN P
1980 N. SCENIC HWY
BABSON PARK, FL 33827 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARSTON, KATHRYN P
Address: 1980 N. SCENIC HWY
City-St-Zip: BABSON PARK, FL 33827

Title: T () Delete
Name: MARSTON, R. MICHAL
Address: 1980 N. SCENIC HWY
City-St-Zip: BABSON PARK, FL 33827

Title: S () Delete
Name: MARSTON, KATHRYN P
Address: 1980 N. SCENIC HWY
City-St-Zip: BABSON PK, FL 33827

Title: VP () Delete
Name: WINDHAM, SHELLY H
Address: 1174 YARNELL AVE
City-St-Zip: LAKE WALES, FL 33853

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:

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: KATHRYN P. MARSTON

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date