

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90045 013 \*\*\*158.75

<b>DOCUMENT # P07000000623</b>						
<b>1. Entity Name</b> EGGZKWIZIT ART, INCORPORATED						
<b>Principal Place of Business</b> 813 BELLE TIMBRE AVE. BRANDON, FL 33511			<b>Mailing Address</b> 3406 LATANIA DR. #325 TAMPA, FL 33618			
<b>2. Principal Place of Business - No P.O. Box #</b> 12507 Shadow Run Blvd.		<b>3. Mailing Address</b> 12507 Shadow Run Blvd.				
<b>City &amp; State</b> Riverview FL		<b>City &amp; State</b> Riverview FL		<b>4. FEI Number</b> 20-8316685		
<b>Zip</b> 33569		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> CROLL, DEBORAH LEE 3406 LATANIA DR. #325 TAMPA, FL 33618			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> SIGNATURE: <u>Deborah Lee Croll</u> DATE: <u>7/31/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PD	<b>NAME</b> CROLL, DEBORAH		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	44155 WINCHESTER COURT, UNIT 301		<b>STREET ADDRESS</b> 	12507 Shadow Run Blvd.		
<b>CITY - ST - ZIP</b> 	NAPLES, FL 34114		<b>CITY - ST - ZIP</b> 	Riverview FL 33569		
<b>TITLE</b> V	<b>NAME</b> CROLL, DEBORAH		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	14155 WINCHESTER COURT, UNIT 301		<b>STREET ADDRESS</b> 	12507 Shadow Run Blvd.		
<b>CITY - ST - ZIP</b> 	NAPLES, FL 34114		<b>CITY - ST - ZIP</b> 	Riverview FL 33569		
<b>TITLE</b> ST	<b>NAME</b> CROLL, DEBORAH		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	44155 WINCHESTER COURT, UNIT 301		<b>STREET ADDRESS</b> 	12507 Shadow Run Blvd.		
<b>CITY - ST - ZIP</b> 	NAPLES, FL 34114		<b>CITY - ST - ZIP</b> 	Riverview FL 33569		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 			
<b>CITY - ST - ZIP</b> 			<b>CITY - ST - ZIP</b> 			
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 			<b>STREET ADDRESS</b> 			
<b>CITY - ST - ZIP</b> 			<b>CITY - ST - ZIP</b> 			
<b>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.</b>						
<b>SIGNATURE:</b> <u>Deborah Lee Croll, Pres</u>			7/31/08 239821 9274			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>			

ATTACHMENT

40115188

**Deborah**

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**From:** Deborah [eggzkwizitart@aol.com]  
**Sent:** Monday, August 18, 2008 9:27 PM  
**To:** 'corpaddresschange@dos.state.fl.us'  
**Subject:** Change of Address, Document File #P07000000623

EGGZKWIZIT ART, INCORPORATED  
Document File #P07000000623  
FEIN: 20-831-6685

Principal Place of Business AND Mailing Address as of 8/18/2008  
12507 Shadow Run Blvd.  
Riverview, FL 33569-6444

COA of all officers and Directors

12507 Shadow Run Blvd.  
Riverview, FL 33569-6444

Thank you, Deborah Croll, President  
Eggzkwizit Art, Incorporated

p.s. I sent in annual report with required \$150 fee to the Division of Corporations, PO Box 1500, Tallahassee, FL 32302-1500