

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90018 019 ***158.75

DOCUMENT # P07000110349

1. Entity Name

PREFERRED STITCHING INC.



Principal Place of Business

10552 LITHIA PINECREST RD.
LITHIA FL 33547

Mailing Address

10552 LITHIA PINECREST RD.
LITHIA FL 33547



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

22-3969301

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, DAMON E.
10552 LITHIA PINECREST RD.
LITHIA FL 33547

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

Damon E. Hunter *Damon E. Hunter* President

2/5/08

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HUNTER, DAMON E.	
STREET ADDRESS	10552 LITHIA PINECREST RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAWSON, JIMMY W	
STREET ADDRESS	2632 BEVIN HUNTER LANE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	HUNTER, KATHERINE J	
STREET ADDRESS	10552 LITHIA PINECREST RD.	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	LAWSON, KIMBERLY H	
STREET ADDRESS	2632 BEVIN HUNTER LANE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Damon E. Hunter *Damon E. Hunter*

2/5/08

813-737-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days to Filing