

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000057457**



1. Entity Name  
**DAVE'S BUTTONS &, INC.**

Principal Place of Business <b>23 COOLIDGE AVE.          23 COOLIDGE AVE., #D          ORMOND BEACH FL 32174          US</b>	Mailing Address <b>23 COOLIDGE AVE.          23 COOLIDGE AVENUE, #D          ORMOND BEACH FL 32174          US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3285441** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KNIGHT, SHERRY L.  
 23-D COOLIDGE AVE.  
 ORMOND BEACH FL 32174**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	KNIGHT, SHERRY L.	
STREET ADDRESS	23-D COOLIDGE AVENUE	
CITY- ST- ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY- ST- ZIP		

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 03/07/05-80043-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry L. Knight **SHERRY L. KNIGHT** 3/03/05 386/673-0015  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Volume #