


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000057457 1. Entity Name DAVE'S BUTTONS &, INC.	
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FILED
Sep 12, 2008 08:00 AM
 Secretary of State

Principal Place of Business 23 COOLIDGE AVE. 23 COOLIDGE AVE., #D ORMOND BEACH, FL 32174 US	Mailing Address 23 COOLIDGE AVE. 23 COOLIDGE AVENUE, #D ORMOND BEACH, FL 32174 US
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09042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3285441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, SHERRY L. 23-D COOLIDGE AVENUE ORMOND BEACH, FL
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 09/12/08-80001-007 150.00

**DO NOT WRITE
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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: *Sherry L Knight* 9-9-08 386/693-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #