2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004
Secretary of State

DOCUMENT# P96000015120

Entity Name: THREADS AND MORE, INCORPORATED

Current Principal Place of Business:

9009 REGENCY SQUARE BOULEVARD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

9009 REGENCY SQUARE BOULEVARD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3377625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, TRACEY
9009 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32211 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: CEOP ( ) Delete
Name: TRACEY STEIN,
Address: 9009 REGENCY SQ. BLVD
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: ALLISON ROBBINS,
Address: 9009 REGENCY SQ BLVD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: TRACEY STEIN CEOP 05/06/2004

Electronic Signature of Signing Officer or Director Date