## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90187 002 \*\*\*150.00 **DOCUMENT # P98000053787** MADEWELL KITCHENS, INC. Principal Place of Business Mailing Address 11617 SR 52 11617 SR 52 HUDSON, FL 34669 HUDSON, FL 34669 CR2E034 (11/05) 02112008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For <u>59-35</u>17519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MADEWELL, HENRY D JR DO NOT WRITE 11617 SR 52 **HUDSON, FL 34669** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MADEWELL, HENRY NAME 11617 SR 52 STREET ADDRESS HUDSON, FL 34669 C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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