

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000062605

1. Entity Name

ENGRAVING AND ETCHING SPECIALTIES, INC.



Principal Place of Business

3609 SW 23RD STREET
FT. LAUDERDALE, FL 33312

Mailing Address

3609 SW 23RD STREET
FT. LAUDERDALE, FL 33312



04022008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0854119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WOOD, THEODORE P
3609 SW 23RD STREET
FT. LAUDERDALE, FL 33312

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4800000000516

04/15/08-80054-017 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, WENDY
3609 SW 23RD STREET
FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Wendy Williams* WENDY WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

954-792-8198

Daytime Phone #