## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000034589

1. Entity Name

TAPÉSTRY CREATIVE FABRIC DESIGNS, INC.



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

9800 E. REGENCY ROW INVERNESS, FL 34450 Mailing Address

9800 E. REGENCY ROW INVERNESS, FL 34450



## DO NOT WRITE IN THIS SPACE

03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3569305

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHOURY, MELDA K 9800 E. REGENCY ROW INVERNESS, FL 34450

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fin. Trust Fund Contribution	
10. OFFICERS AND DIRECTORS	
TITLE D NAME KHOURY, MELDA K STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450	000000862895 04/03/08-80070-021;150:00
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	
TITLE TO THE STATE OF THE STATE	

12. Thereby 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 the empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3,18-03

352-637-9547

Daytir