

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050986

Entity Name: KEEP ME IN STITCHES, INC.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

4237 W KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4237 W KENNEDY BLVD
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3635694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEMORE, DONALD H ESQ.
100 N TAMPA ST
#3600
TAMPA, FL 33602 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: P () Delete
Name: HELMS, MELISSA
Address: P O BOX 263583
City-St-Zip: TAMPA, FL 33685

Title: S/T () Delete
Name: BERMUDEZ, VERONICA
Address: 7902 PLAT BLVD.
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: BERMUDEZ, VERONICA
Address: 8510 POYDRAS LANE
City-St-Zip: TAMPA, FL 33635

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: MELISSA D. HELMS

PRES

01/05/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date