## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 09, 2007 8:00 am Secretary of State DOCUMENT # P99000103206 1. Entity Name 05-09-2007 90098 024 \*\*\*150.00 ANYTHING FOAM, INC. Principal Place of Business Mailing Address 2815 S ATLANTIC AVE, APT 103 COCOA BEACH FL 32932 P.O. BOX 320043 COCOA BEACH FL 32932-0043 2. Principal Place of Business - No P.O. Box # 20 Emerald Ct Suito, Apt. #, etc. 3. Mailing Address 20 Emerald Ct, Suilc, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3610826 Applied For Not Applicable 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent f Sharpe SHARPE, STEWART P 2815 S ATLANTIC AVE, APT 103 COCOA BEACH FL 32932 Street Address (P.O. Box Number is Not Acceptable) 8. The above named ontity 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 HILE THE ☐ Change ☐ Addition Oelete Stewart P. Sharpe 20 Emerald Ct. SHARPE, STEWART P NAME NAME 2815 S ATLANTIC AVE, APT 103 STREET ADDRESS STREET ADDRESS tellite Bch, Fl. 32937 COCOA BEACH FL 32932 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIFY-31-2iP CITY ST 712 ... TITLE Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZiP CITY-ST-ZIP ☐ Change IIILE TITLE Addition ☐ Delete NAME NAMI: STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY - ST- ZIP

CITY-S1-ZIP

Stewart P. Sharpe 4-25.07 321-501-1216

Date District Proces

**FILED**