FILED
Sep 04, 2007 8:00 am
Secretary of State
08-17-2007 90029 012 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000108085

1. Entity Name
EVER AFTER FORMAL WEAR, INC.

Principal Place of Business
9484 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Mailing Address
9484 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

66021709

07132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
9785 S. orange blossom trail
Suite, Apt. #, etc.
City & State: Orlando, Fl
Zip: 32837
Country:

3. Mailing Address
Suite, Apt. #, etc.
City & State: F
Zip:
Country:

4. FEI Number: 59-3612738 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRANE, KAREN A
3886 CREEK BED CIRCLE
ST. CLOUD, FL 34769

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRANE, KAREN A 3886 CREEK BED CIRCLE ST. CLOUD, FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 8/25/07