

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90033 043 ***558.75

DOCUMENT # S05653

1. Entity Name
SEQUINS & DENIM, INC.



Principal Place of Business
**670 CENTRAL AVE
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**670 CENTRAL AVE
SAINT PETERSBURG, FL 33701 US**

50066106



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3033162

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DARNELL, SHIRLEY
6840 22 AVENUE NORTH
ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name **SHANNON B. WEST**

Street Address (P.O. Box Number is Not Acceptable)
2130 2 AVENUE N.

City **ST. PETERSBURG** **FL** Zip Code **33713**

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:

Shannon B. West

9/6/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE **PT** ☒ Delete
NAME **DARNELL, SHIRLEY M**
STREET ADDRESS **670 CENTRAL AVE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE **VPS** ☒ Delete
NAME **WEST, SHARONDA**
STREET ADDRESS **2130 2 AVE N**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **SHANNON B. WEST**
STREET ADDRESS **2130 2ND AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **VPS** ☐ Change ☒ Addition
NAME **WAYNE D. WEST**
STREET ADDRESS **2130 2ND AVENUE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Shannon B. West* **SHANNON B. WEST** **9/6/05** **727-894-0325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #