## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE:

## **ANNUAL REPORT** Jan 14, 2008 08:00 A DOCUMENT # S39536 **Secretary of State** 1. Entity Name CRAFTY QUILTERS, INC. Principal Place of Business Mailing Address 13221 HIGHWAY 98 13221 HIGHWAY 98 SEBRING, FL 33870 SEBRING, FL 33870 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0249615 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEDARD, SHIRLEY D. DO NOT WRITE 312 JAY SEBRING, FL 33872 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE NAME BEDARD, SHIRLEY D U00000783980 01/16/08-80037-012 150.00 STREET ADDRESS 312 JAY AVE CITY-ST-ZIP SEBRING, FL 33872 NAME HOLLINGER, RON 12429 US 27 SOUTH STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 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

AME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED