

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90026 048 ***150.00

DOCUMENT # S45191 1. Entity Name PORCELAIN STUDIO, INC.																													
Principal Place of Business 2859 LEXINGTON STREET SARASOTA FL 34231			Mailing Address 2859 LEXINGTON STREET SARASOTA FL 34231																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0289199 ☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)																									
6. Name and Address of Current Registered Agent HANSEN, DANIEL P 245 N TAMiami TRAIL SUITE E VENICE FL 34285			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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when removing. DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JOHN, C W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2859 LEXINGTON ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL</td> <td></td> </tr> </table>			TITLE	PD	☐ Delete	NAME	JOHN, C W		STREET ADDRESS	2859 LEXINGTON ST		CITY-ST-ZIP	SARASOTA FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby 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.																													
SIGNATURE: <i>C. W. John</i> <i>C. W. John</i> <i>4/11/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicate Printed #																													