2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

								-		
DOCUMENT # 741809 1. Entity Name DECORATIVE ARTISTS OF JACKSONVILLE, INC.						C)4-26-2005 :	90169 0)12 ****6	1.25
7633 LAS PALMAS WAY P.O			Mailing Address P.O. BOX 10975 IACKSONVILLE, FL 32247 US							
2. Principal Place of Business		3. Mailing Address			·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02232005 _C	hg-NP	CR2E03	37 (10/03)	
City & State		City & State			50 1705221		plied For t Applicable			
Zip _,	Country	Zip		Country		5. Certificate of Si	tatus Desired		\$8.75 Add Fee Required	
,	6. Name and Address of Current	Registered Agent				7. Name and Add	iress of New R	egistered /	Agent	
DENRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE, FL 32256					lame street Address (P.O. Box Number is Not Acceptable)					
	1			City		 		FL	Zip Code	9
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent			gistered office or			the State of Flo	orida. I am Date	familiar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIF			tribution.		Added to Fees				
		RECTORS		11.			ļ	RS AND DI	RECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMOISK, THERESE 8501 ROCK KNOLL DR. JACKSONVILLE, FL 32221	RECTORS De	elete		Dir.	additions/chang cctor ila Defert 19 River 161	l les to officer e-Main uff Rd.	<i>N</i> .	RECTORS IN Change	10 Addition
NAME STREET ADDRESS	ZAMOISK, THERESE 8501 ROCK KNOLL DR.			11. TITLE NAME STREET ADDRESS	DIRI Par 185 Jac	additions/chang ector 1 a Defert 19 RiverBl KSONVI) le ASURER	les to officer e-Main uff Rd. I FL 3:	N. 2211	☐ Change	- Lan.
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ZAMOISK, THERESE 8501 ROCK KNOLL DR. JACKSONVILLE, FL 32221 TD DERRICK, PAULA 7633 LAS PALMAS WAY	□ De	elete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DIRI Par 185 Jac	additions/chang ector 1 a Defert 59 River 161 KSONVI) le 25 u ReR	les to officer e-Main uff Rd. I FL 3:	N. 2211	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ZAMOISK, THERESE 8501 ROCK KNOLL DR. JACKSONVILLE, FL 32221 TD DERRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE, FL 32256 DV KENNEDY, WENDY 2229 CAPTAIN KIDD DR.	□ De	siete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Paul 185 Jac Tree Vei Jac	additions/chang ector 1 a Defert 19 RiverBl KSONVI) le ASURER	les to officer e-Main uff Rd. 1 , FL 3: ch ey's En ey's En	N. 2211 dla 3222	Change Change Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ZAMOISK, THERESE 8501 ROCK KNOLL DR. JACKSONVILLE, FL 32221 TD DERRICK, PAULA 7633 LAS PALMAS WAY JACKSONVILLE, FL 32256 DV KENNEDY, WENDY 2229 CAPTAIN KIDD DR. FERNANDINA BEACH, FL 3203 SD SMITH, KAYE 12869 WINTHROP COVE DR.	□ De	siete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Paul 185 Jac Tree Vei Jac	ADDITIONS/CHANG ector I a Defert I g River BI KSONVI) le ASURER I ORA WES 35 JOURN LESON VIII O	les to officer e-Main uff Rd. 1 , FL 3: ch ey's En ey's En	N. 2211 dla 3222	Change Change Change	Addition Addition

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 617, 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PONTE VEDRA BEACH, FL 32082

04/25/05 (90

(904) 262-0462