


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90028 042 ***150.00

DOCUMENT # L49110

1. Entity Name
BARGA INTERIORS, INC.



Principal Place of Business
**1133 HAMLET CT
 NEPTUNE BEACH FL 32266
 US**

Mailing Address
**1133 HAMLET CT
 NEPTUNE BCH FL 32266
 US**

2. Principal Place of Business
**8936 WESTERN WAY
 SUITE, APT. #, ETC.
 UNIT # 8**

3. Mailing Address
**8936 WESTERN WAY
 SUITE, APT. #, ETC.
 UNIT # 8**

City & State
JACKSONVILLE, FLORIDA JACKSONVILLE, FL.

Zip Country
32256 DUVAL 32256 DUVAL



MOORE CR2E034 (11/03)

4. FEI Number **59-2979666** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BARGA, NICHOLAS M
 1133 HAMLET CT.
 NEPTUNE BCH FL 32266**

7. Name and Address of New Registered Agent
 Name **BARGA, NICHOLAS M.**
 Street Address (P.O. Box Number is Not Acceptable)
**8936 WESTERN WAY
 UNIT # 8**
 City **JACKSONVILLE** FL Zip Code **32256**

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 *Nicholas M Barga* **VICE PRESIDENT** DATE **2-3-04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | BARGA, NICHOLAS M. |
| STREET ADDRESS | 1133 HAMLET CT |
| CITY-ST-ZIP | NEPTUNE BEACH FL |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | BARGA, CHRISTINE A. |
| STREET ADDRESS | 1133 HAMLET CT |
| CITY-ST-ZIP | NEPTUNE BEACH FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 8936 WESTERN WAY. UNIT # 8 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 8936 WESTERN WAY. UNIT # 8 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas M Barga* DATE **2-3-04** DAYTIME PHONE # **904-363-8848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR