

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L78565
 1. Entity Name
 PHILIP C. FRESEMAN INTERIORS, INC.



Principal Place of Business Mailing Address
 PO BOX 14494 PO BOX 14494
 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408



05262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0193830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JAMES T.
 860 US HIGHWAY ONE
 SUITE 210
 NORTH PALM BEACH, FL 33408

DO NOT WRITE 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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRESEMAN, PHILIP C. PO BOX 14494 NORTH PALM BEACH, FL 33408
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 06/04/04-80002-013 150.00

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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: *Philip C. Freseman* PHILIP C. FRESEMAN 6-2-04 561-845-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #