

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098428

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SHARON NIZOLEK INTERIORS, INC.

**Current Principal Place of Business:**

141 OGDEN STREET  
SARASOTA, FL 34242

**New Principal Place of Business:**

6629 PEACOCK RD.  
SARASOTA, FL 34242

**Current Mailing Address:**

141 OGDEN STREET  
SARASOTA, FL 34242

**New Mailing Address:**

6629 PEACOCK RD.  
SARASOTA, FL 34242

FEI Number: 65-1144157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIZOLEK, SHARON  
141 OGDEN STREET  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

NIZOLEK, SHARON  
6629 PEACOCK RD  
SARASOTA, FL 34242 US

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.

SIGNATURE: \_\_\_\_\_

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NIZOLEK, SHARON B  
Address: 141 OGDEN STREET  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: DELLA PENNA, GAETON S  
Address: 141 OGDEN STREET  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NIZOLEK, SHARON B  
Address: 6629 PEACOCK RD.  
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change ( ) Addition  
Name: DELLA PENNA, GAETON S  
Address: 6629 PEACOCK RD.  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON B. NIZOLEK

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date