2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000062566

1. Entity Name
INTERIORS UNLIMITED OF SOUTHWEST FLORIDA, INC.

FILED
Feb 25, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
7205 ESTERO BLVD FT MYERS BEACH, FL 33931	7205 ESTERO BLVD FT MYERS BEACH, FL 33931

02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2371381
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RANDOLPH, MICHAEL D ESQ
1619 JACKSON ST
FT MYERS, FL 33901

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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 changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOPKINS, DAVID
STREET ADDRESS	7205 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BEACH, FL 33983
TITLE	STD
NAME	HOPKINS, ANN M
STREET ADDRESS	7205 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BEACH, FL 33983
TITLE	VP
NAME	HOPKINS, JASON M
STREET ADDRESS	7205 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BEACH, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/05-80014-014 150.00

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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: Ann Marie Hopkins / Ann Marie Hopkins 2/21/05 941 916-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #