

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 025 \*\*\*150.00

**DOCUMENT # P98000088334**  
 1. Entity Name  
 INTERNATIONAL DESIGN SOURCE, INC.



Principal Place of Business: 6001 TAYLOR ROAD, NAPLES, FL 34109  
 Mailing Address: 6632 STONEGATE DR. NAPLES, FL 34109

40000477



**DO NOT WRITE IN THIS SPACE**

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3539687 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BAVIELLO, JR, MICHAEL A ESQUIRE  
 1025 FIFTH AVENUE  
 NAPLES, FL 34102

**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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	P SADEZ, EMILIO J 6632 STONEGATE DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SADEZ, LINDA L 6632 STONEGATE DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1/6/05 Daytime Phone #: 279 5911119