


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V05231
 1. Entity Name
MARC-MICHAELS INTERIOR DESIGN, INC.



Principal Place of Business Mailing Address
720 MORSE BLVD **720 MORSE BLVD**
WINTER PARK, FL 32789 US **WINTER PARK, FL 32789 US**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0306161 Not Applicable

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

6. Name and Address of Current Registered Agent
ABBOTT, MICHAEL J
720 W. MORSE BLVD
WINTER PARK, FL 32789

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 _____ (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**

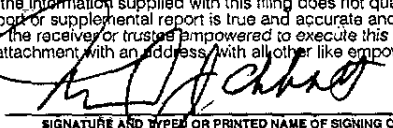
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ABBOTT, MICHAEL 720 W. MORSE BLVD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THEE, S. MARK 720 W. MORSE BLVD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HURT, ANDREA 720 W. MORSE BLVD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

01/29/05-80035-014 150.00

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 19.07(3)(f), 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:  **Michael J. Abbott** 1-24-05 407689-0811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #