

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000095646

**Entity Name:** ADORNED DWELLINGS, INC

**Current Principal Place of Business:**

300 N. SHIPWRECK AVENUE  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

300 N. SHIPWRECK AVENUE  
PONTE VEDRA, FL 32081

**FEI Number:** 87-2561304

**Certificate of Status Desired:** No

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

SPIPKER, KIMBERLY  
300 N. SHIPWRECK AVENUE  
PONTE VEDRA, FL 32081 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SPIPKER, KIMBERLY  
Address 300 N. SHIPWRECK AVENUE  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name RICE, CONNIE  
Address 1 JOHN ANDERSON DRIVE UNIT 518  
City-State-Zip: ORMOND BEACH FL 32176

Title T  
Name SPIPKER, JORDAN  
Address 1300 SHETTER AVENUE #4302  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE:** KIMBERLY F SPIPKER

**PRESIDENT**

**09/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date