

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505748

FILED
Jan 03, 2005
Secretary of State

Entity Name: INTERIOR DESIGN SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

11200 DR M L KING JR, STREET NORTH
SUITE 100
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

11200 DR M L KING JR, STREET NORTH
SUITE 100
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-1676045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE ANDERSEN FIRM, A PROFESSIONAL CORP.
1010 KENNEDY DRIVE
SUITE 201
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: YOUNG, CARL H III
Address: 11200 DR M L KING JR ST NORTH, STE 100
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: PD () Delete
Name: ARNOLD, KAREN A
Address: 11200 DR M L KING JR ST NORTH, STE 100
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: TSD () Delete
Name: ARNOLD, WILLIAM T
Address: 11200 DR M L KING JR ST NORTH, STE 100
City-St-Zip: SAINT PETERSBURG, FL 33716 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM T ARNOLD

TSD

01/03/2005

Electronic Signature of Signing Officer or Director

_____ Date