

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 588891

1. Entity Name
B & D INTERIORS BY DESIGN, INC.



Principal Place of Business

**434 S.E. 47TH TERRACE
SUITE A
CAPE CORAL, FL 33904**

Mailing Address

**434 S.E. 47TH TERRACE
SUITE A
CAPE CORAL, FL 33904**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1851171

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM R.
256 S.W. 39TH TERRACE
CAPE CORAL, FL, FL 33904**

**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, 2006 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 JOHNSON, WILLIAM R SR
STREET ADDRESS 256 S.W. 39TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VP
NAME JOHNSON, WILLIAM R JR
STREET ADDRESS 406 SW 42ND H TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE S
NAME JOHNSON, JOAN C
STREET ADDRESS 256 SW 39TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000448877
03/09/06-60032-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2-23-06

Date

239-582-3622

Daytime Phone #