
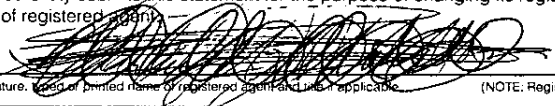
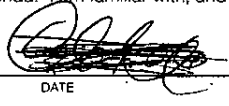
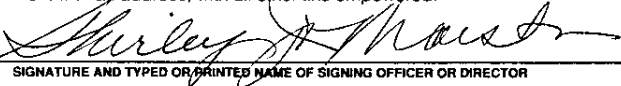


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90035 013 ***150.00

DOCUMENT # 683895 1. Entity Name SHIRLMAR INTERIORS, INC.					
Principal Place of Business 3722 BOBBIN MILL RD TALLAHASSEE FL 32312 US			Mailing Address 3722 BOBBIN MILL RD TALLAHASSEE FL 32312 US		
2. Principal Place of Business 3998 FORSYTHE PARK COURT		3. Mailing Address 3998 FORSYTHE PARK COURT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TALLAHASSEE, FLORIDA		City & State TALLAHASSEE, FLORIDA		4. FEI Number 59-2112815	
Zip 32309		Country LEON		Applied For <input type="checkbox"/> Not Applicable	
Zip 32309		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, D. MARK 1292 TIMBERLANE RD TALLAHASSEE FL 32312			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARSTON, SHIRLEY J 3722 BOBBIN MIL RD TALLAHASSEE FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARSTON, SHIRLEY J 3998 FORSYTHE PARK COURT TALLAHASSEE, FLORIDA 32309
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 			2.04.06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		