

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90008 003 ***150.00

DOCUMENT # 683895

1. Entity Name

SHIRLMAR INTERIORS, INC.



Principal Place of Business

3998 FORSYTHE PARK CT
TALLAHASSEE FL 32309
US

Mailing Address

3998 FORSYTHE PARK CT
TALLAHASSEE FL 32309
US

2. Principal Place of Business

7474 BOTANICA PKWY
Suite, Apt. #, etc.

3. Mailing Address

7474 BOTANICA PKWY
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

SARASOTA, FL.

Zip
34238

Country

SARASOTA

City & State

SARASOTA, FL.

Zip

34238

Country

SARASOTA

4. FEI Number

59-2112815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees 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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☒ Delete
NAME MARSTON, SHIRLEY J
STREET ADDRESS 3998 FORSYTHE PARK CT
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE PSTD ☐ Delete
NAME MARSTON, SHIRLEY J.
STREET ADDRESS 7474 BOTANICA PARKWAY
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/02/04 941-927-8260