

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90102 042 ***150.00

DOCUMENT # 683895

1. Entity Name

SHIRLMAR INTERIORS, INC.



Principal Place of Business

7474 BOTANICA PARKWAY
SARASOTA FL 34238
US

Mailing Address

7474 BOTANICA PARKWAY
SARASOTA FL 34238
US

2. Principal Place of Business

1029 HARDEE ROAD
Suite, Apt. #, etc.

3. Mailing Address

1029 HARDEE ROAD
Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

4. FEI Number

59-2112815

Applied For

Not Applicable

Zip

33146

Country

DADE

Zip

33146

Country

DADE

5. Certificate of Status Desired ☐

\$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 SHIRLEY MARSTON ANDERSON
Street Address (P.O. Box Number is Not Acceptable)
1029 HARDEE ROAD
CORAL GABLES, FLORIDA
City FL Zip Code 33146

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

SHIRLEY MARSTON ANDERSON
Shirley Marston Anderson

2/03/06

Signature, typed or printed name of registered agent and file 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

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 | <input checked="" type="checkbox"/> Delete |
| NAME | MARSTON, SHIRLEY J | |
| STREET ADDRESS | 7474 BOTANICA PARKWAY | |
| CITY-ST-ZIP | SARASOTA FL 34238 | |
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | MARSTON-ANDERSON, SHIRLEY J | |
| STREET ADDRESS | 1029 HARDEE ROAD | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Shirley Marston Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/03/06 305-667-0828

Date

Daytime Phone #