

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000006749

1. Entity Name
J.R. CATTINGTON INTERIORS, LTD, CORP.



Principal Place of Business
1270 PLEASANTVILLE ROAD
BRIARCLIFF MANOR, NY 10510

Mailing Address
1270 PLEASANTVILLE ROAD
BRIARCLIFF MANOR, NY 10510

FILED
Mar 22, 2005 08:00 AM
Secretary of State



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03112005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3564101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STABILE, JOSEPH
99 S.E. MIZNER BLVD. #644
BOCA RATON, FL 33432

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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

914-762-7722

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN00000272735
03/22/05-80016-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STABILE, JOSEPH
155 HOLBROOK ROAD
BRIARCLIFF MANOR, NY 10510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 914-762-7722
Date Daytime Phone #