## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 06, 2005 8:00 am Secretary of State DOCUMENT # F44434 1. Entity Name 04-06-2005 90109 047 \*\*\*150.00 ECLECTIC INTERIORS, INC. Principal Place of Business Mailing Address 3000 N. FEDERAL HWY. 3000 N. FEDERAL HWY. FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2126714 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMEIER, FREDERICK W 5101 N.W. 21ST AVENUE, SUITE 330 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITEE Delete ☐ Change Addition VICE PRESIDENT KENNETH R. SHARP SHARP, JUNE NAME NAME 3333 N.E. 34TH ST. STREET ADDRESS STREET ADDRESS 33 NE 34 ST r. Lauderdale TL 33308 CHTY-ST-ZIP FT. LAUDERDALE FL CHTY-ST-7iP PTS TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAHILL, JENNIFER S NAME STREET ADDRESS 3333 NE 34TH ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

JUNE SHARP

FILED