


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90036 033 \*\*\*150.00

<b>DOCUMENT # F56465</b>	
1. Entity Name <b>ROBERTS' INTERIORS DESIGN, INC.</b>	

Principal Place of Business <b>940 CLEARWATER LARGO FL 33770 US</b>	Mailing Address <b>940 CLEARWATER LARGO FL 33770 US</b>
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2. Principal Place of Business <b>310 FIRST STREET NE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

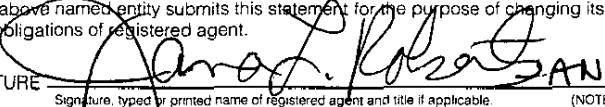
City & State <b>RUSKIN FL</b>	City & State	4. FEI Number <b>59-2143057</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33570</b>	Country <b>USA</b>	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>ROBERTS, JANA L 1401 JACOBSON CIR SUN CITY CENTER FL 33573</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b>	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  **JANA L ROBERTS, PRES.** DATE **2-25-04**

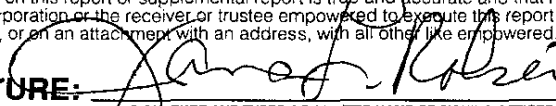
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PST</b>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <b>ROBERTS, JANA L</b>			NAME		
STREET ADDRESS <b>1401 JACOBSON CIR</b>			STREET ADDRESS		
CITY-ST-ZIP <b>SUN CITY CENTER FL 33573</b>			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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:  **JANA L ROBERTS, PRES.** DATE **2-25-03** DAYTIME PHONE # **813 641-8844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #