

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # G64126
 1. Entity Name
INTERARCH DESIGN INCORPORATED

Principal Place of Business 100 E MADISON ST STE 100 TAMPA, FL 33602 US	Mailing Address 100 E. MADISON ST. STE 100 TAMPA, FL 33602 US
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02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2330997	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACARTHUR, DEBORAH L.
 100 E. MADISON ST.
 TAMPA, FL 33602

DO NOT WRITE 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: *Deborah L. MacArthur* **3/16/04** DATE
(NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MACARTHUR, DEBORAH L. 100 E. MADISON ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, GEOFFREY E 100 E. MADISON ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALLADAREZ, DAVID A 100 E MADISON ST # 100 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TREASE, ANGELA E 100 E. MADISON ST. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/19/04-80030-017 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Deborah L. MacArthur* **3/16/04** **(813) 229-8255**
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #