

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # G94427	
1. Entity Name LAMPSHADES OF FLORIDA, INC.	



Principal Place of Business 741 N.W. 57TH PLACE FORT LAUDERDALE, FL 33309	Mailing Address 741 N.W. 57TH PLACE FORT LAUDERDALE, FL 33309
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04212004 No Chg-P CA2E034 (10/03)

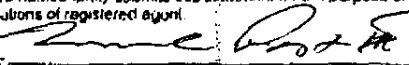
4. FCI Number 59-2398825	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARK ROB ACCOUNTING SERVICES 210 N UNIVERSITY DR SUITE 100 CORAL SPRINGS, FL 33071
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**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: 

Signature (print or stamped name of registered agent and SEC 7 registrant)

(NOTE: Registered agent signature required when registering)

DATE

05/05/04

05/05/04-80078-021 150.00

**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**

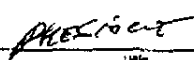
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST POST, MORTEN C., III 2121 N. E. 56TH COURT FT. LAUDERDALE, FL
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 empowers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR



954 496-3377

Telephone (Print)