FILED
May 05, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G94427

1. Entity Name
LAMPSHADES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
741 N.W. 57TH PLACE FORT LAUDERDALE, FL 33309	741 N.W. 57TH PLACE FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2398825

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MARKROB ACCOUNTING SERVICES
210 N UNIVERSITY DR
SUITE 100
CORAL SPRINGS, FL 33071

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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: _____ 4/28/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when changing) DATE

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

050504-80076-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	POST, MORTEN C., III
STREET ADDRESS	2121 N. E. 56TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	POST, MORTEN C., III
STREET ADDRESS	2121 N. E. 56TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 empowerments.

SIGNATURE: _____ PRESIDENT 954 491-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #