


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 017 ***150.00

DOCUMENT # H23572 1. Entity Name BARBARA N. YERGENS INTERIORS, INC.					
Principal Place of Business % BARBARA N. YERGENS 736 AZALEA LANE VERO BCH., FL 32963			Mailing Address % BARBARA N. YERGENS P O BOX 643238 VERO BCH., FL 32964		
2. Principal Place of Business 206 Cullman Avenue Suite, Apt. #, etc.			3. Mailing Address 1031 Ft. Stephenson Terrace Suite, Apt. #, etc.		
City & State Santa Rosa Beach, FL Zip 32459		City & State Lookout Mtn., GA Zip 30750		4. FEI Number 59-2448079	
Country Walton		Country Walker		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YERGENS, BARBARA N. 736 AZALEA LANE VERO BCH., FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) new address in Block 2 City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YERGENS, BARBARA N. 4127 SERENITY MOUNTAIN RD WAYNESVILLE, NC 28786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same name 206 Cullman Avenue Santa Rosa Beach, FL 32459	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YERGENS, WILLIAM P. 4127 SERENITY MOUNTAIN ROAD WAYNESVILLE, NC 28786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same name 206 Cullman Avenue Santa Rosa Beach, FL 32459	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.					
SIGNATURE: <u>Barbara N Yergens</u> Barbara N Yergens <u>1-21-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

950-231-5155