2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jul 08, 2005 8:00 am Secretary of State DOCUMENT # H94221 1. Entity Name 07-08-2005 90027 018 ***150.00 L & S INTERIORS, INC. Principal Place of Business Mailing Address 10401 OAK MEADOW LANE 10401 OAK MEADOW LANE LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2638752 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPILLANE, LINDA Street Address (P.O. Box Number is Not Acceptable) 10401 OAK MEADOW LANE LAKE WORTH FL 33467 City 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. (NOTE Registered Ageni signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE TITLE Change ☐ Addition ☐ Delete SPILLANE, LINDA NAME NAME STREET ADDRESS 10401 OAK MEADOW LANE STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TETLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ToTa F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Suida Spillaul, LINDA Spillane
SIGNATURE SIGNATURE AND TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED

ATTACHMENT

July 1, 2005

500 55469 # 494221

Florida Department of State **Division of Corporations** Post Office Box 6327 Tallahassee, Florida 32314

Dear Sirs:

Re: 2005 For Profit Corporation Annual Report

Recently I received the "Notice of Intent to Dissolve" card from your office. I was sure the 2005 annual report fee had been paid. Upon checking, however, I found that the paperwork had been misplaced. I am enclosing the completed form and apologize for this oversight. This is the first time the filing has ever been late.

The late penalty would present an extreme hardship for us at this time as we are still recovering from the business lost after the two hurricanes hit Palm Beach County last fall. Enclosed is a check for \$150.00. I hope this is acceptable.

Sincerely,

Linda Spillane

President