


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # J59234 | |  |
| 1. Entity Name MAYFAIR INTERIORS, INC. | | |

FILED
04 APR 30 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 3208 BAY TO BAY BLVD TAMPA, FL 33629 US | Mailing Address 3208 BAY TO BAY BLVD TAMPA, FL 33629 US |
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| 2. Principal Place of Business 301 N. Willow Ave. | 3. Mailing Address 301 N. Willow Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------|----------------------------------|
| City & State Tampa FL | City & State Tampa, FL |
| Zip 33606 | Country Hillsborough |

03132004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent HANLON, HAZEL 5201 CRESCENT TAMPA, FL 33611 | |
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| 4. FEI Number 59-2808735 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HANLON, HAZEL 5201 CRESCENT TAMPA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000035777980 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/07/04--01084--012 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HANLON, DAVID G. JR. 3314 W LYKES AVE TAMPA, FL 33609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HANLON, DAVID G. 5201 CRESCENT TAMPA, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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: David G. Hanlon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____