


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # J77873
1. Entity Name
COLLINS & DUPONT INTERIORS, INC.



Principal Place of Business: **8911 BRIGHTON LANE
BONITA SPRINGS, FL 34135 US**
Mailing Address: **8911 BRIGHTON LANE
BONITA SPRINGS, FL 34135 US**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2837814** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CLARKE, RICHARD B.
8911 BRIGHTON LANE
BONITA SPRINGS, FL 34135**

**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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Reg stored Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	DUPONT, SHERRON
STREET ADDRESS	3674 MARGINA CIRCLE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VT
NAME	COLLINS, KIM
STREET ADDRESS	51 SOUTHPORT COVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	COO
NAME	CLARKE, RICHARD B
STREET ADDRESS	1337 GASPARILLA DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/11/05-80084-016 150.00

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:  **04/15/2005** (239) 948-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *