

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # J95626		
1. Entity Name JUDITH WEILAND-COON INTERIOR DESIGN, INC.		
Principal Place of Business 2840 NE 21 COURT FT. LAUDERDALE, FL 33305		Mailing Address 2840 NE 21 COURT FT. LAUDERDALE, FL 33305
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COON, JUDITH 2840 NE 21 COURT FT. LAUDERDALE, FL 33305		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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____		
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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COON, JUDITH 2840 NE 21 CT. FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 687, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0005721
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

U00000106311
U4/U6/U4-80010-015 150.00

**DO NOT WRITE
IN THIS SPACE**

(954) 564-6579