

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


APPROVED  
AND  
07-07-2005 90001045 \*\*\*150.00  
FILED  
K06251

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05 JUL 28 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Eckel AUG 04 2005

<b>DOCUMENT # K06251</b> 1. Entity Name <b>MAUREEN SAUNDERS INTERIORS, INC.</b>	
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Principal Place of Business <b>400 SORRENTO CT PUNTA GORDA, FL 33950</b>	Mailing Address <b>400 SORRENTO CT PUNTA GORDA, FL 33950</b>
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**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0021121</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SAUNDERS, MAUREEN E. 400 SORRENTO COURT PUNTA GORDA, FL 33950</b>
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**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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!! FEE IS \$350.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDERS, MAUREEN E. 400 SORRENTO COURT PUNTA GORDA, FL
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IN THIS SPACE**

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: Maureen E. Saunders June 30, 2005 941-575-0727  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

***Maureen Saunders Interiors, Inc.***

400 SORRENTO COURT  
PUNTA GORDA, FLORIDA 33950  
941-575-0727 [saundersinteriors@comcast.net](mailto:saundersinteriors@comcast.net)

*Copy of letter  
sent with forms  
& check.*

June 30, 2005

Florida Department of State  
Glenda E. Hood, Secretary of State  
Division of Corporations  
PO.Box 6198  
Tallahassee, Florida 32314

To Whom It May Concern:

My first notice from you was received yesterday (June 29, 2005) stating a notice of Intent to Dissolve:

I do not want to dissolve my corporation and do not feel responsible for being late in filing my report. This past ten months here in Punta Gorda Charlotte County has not been easy due to all the hurricanes, especially Charley.

I do not know why I never received a mailing from your office and hope you will take under consideration these circumstances. I am enclosing the report forms along with my check for \$150.00, which is the filing fee.

Thank you for your time.

Sincerely,



Maureen E. Saunders, A.S.I.D.

Enclosures 3