


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 001 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # K59159 1. Entity Name INTERIORS BY NANCY G., INC. | |  | |
| Principal Place of Business % NANCY GEOGHEGAN 14051 SW 17 ST DAVIE, FL 33325 US | | Mailing Address % NANCY GEOGHEGAN 14051 SW 17 ST DAVIE, FL 33325 US | |
| 2. Principal Place of Business 10701 NW 14 ST Suite, Apt. #, etc. 265 City & State Plantation FL Zip 33322 Country US | | 3. Mailing Address 10701 NW 14 ST Suite, Apt. #, etc. 265 City & State Plantation FL Zip 33322 Country US | |
| 4. FEI Number 65-0092293 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE, FL 33325 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10701 NW 14 ST #265 City Plantation FL Zip Code 33322 | |
| 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: <u><i>Nancy Geoghegan</i></u> DATE: <u>1-25-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE, 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 | D GEOGHEGAN, GLENN 14051 SW 17 ST DAVIE, FL <input checked="" 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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Nancy Geoghegan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>1-25-06</u> Daytime Phone # <u>954 600-5860</u> | |