

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K80924

1. Entity Name
ORCHID ISLE INTERIORS, INC.



Principal Place of Business

LINDA SAMPLES
4805 N A1A
VERO BEACH, FL 32963 US

Mailing Address

LINDA SAMPLES
4805 N A1A
VERO BEACH, FL 32963 US

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2940785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LINDA SAMPLES
4805 N A1A
VERO BEACH, FL 32963

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

1100000234642
02/18/05-80030-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINDA SAMPLES
STREET ADDRESS	222 MARINA DR
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	D
NAME	BURRIS, SANDRA
STREET ADDRESS	835 IRIS LANE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-05 772-231-7878