

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000001828

1. Entity Name
C & T INTERIORS, L.C.



Principal Place of Business
115 WEST OLYMPIA AVE.
PUNTA GORDA, FL 33951-1447

Mailing Address
C/O JACK O. HACKETT II, ESQ.
P.O. DRAWER 511447
PUNTA GORDA, FL 33951-1447

FILED
Feb 20, 2004 08:00 AM
Secretary of State



01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1012093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O II, ESQ
99 NESBIT STREET
PUNTA GORDA, FL 33950

**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 _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCO, ANTONIO 1133 BAL HARBOR BLVD, #307 PUNTA GORDA, FL 33950
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1000000059514
02/23/04-80002-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(940)
2-13-04 276-5159