


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L09438
 1. Entity Name
 LIVING INTERIORS, INC.



Principal Place of Business C/O PHYLLIS MONTGOMERY 772 ELLWOOD AVE. ORLANDO, FL 32804 US	Mailing Address C/O PHYLLIS MONTGOMERY 772 ELLWOOD AVE. ORLANDO, FL 32804 US
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02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2963460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PALMIERI, ELISE
 115 WEST KING STREET
 ORLANDO FL, FL 32804

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000150682
 05/04/04-80018-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, PHYLLIS M.
STREET ADDRESS	772 ELLWOOD AVE.
CITY-ST-ZIP	ORLANDO FL,
TITLE	D
NAME	PALMIERI, ELISE R.
STREET ADDRESS	115 W KING STREET
CITY-ST-ZIP	ORLANDO FL.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 # _____