


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L31395	
1. Entity Name CONTEMPORARY INTERIORS, INC.	

Principal Place of Business 2626 NW 35TH STREET OCALA, FL 34475-3342 US	Mailing Address 2626 NW 35TH STREET OCALA, FL 34475-3342 US
---	---

DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2979654	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 ANDERSON, JAMES B 2626 NW 35 ST OCALA, FL 34475	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 reinstating) DATE _____

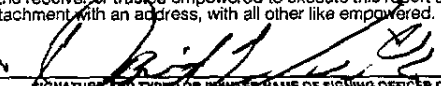
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILK, DAVID L. 8550 NW 136TH AVE RD OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDERSON, RYAN W 3675 SE 38TH TERR OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ANDERSON, JAMES B. 2798 SE 41ST PL OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ANDERSON, JAMES B 2798 SE 41ST PL OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000141935
04/30/04-80033-002 150.00

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:  **4/30/04** **352-620-8686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #