

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L52690

1. Entity Name
DRAPERY AND SLIPCOVER STUDIO, INC.



Principal Place of Business
8011 MONETARY DRIVE
STE. A-6
RIVIERA BEACH, FL 33404

Mailing Address
8011 MONETARY DRIVE
STE. A-6
RIVIERA BEACH, FL 33404



01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0186941

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MITCHELL, ABBOT
2604 PALM ROAD
WEST PALM BEACH, FL 33406

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WHITEHURST, GRETA
STREET ADDRESS 264 NW BENTLEY CIRCLE
CITY-ST-ZIP PORT ST. LUCIE, FL

TITLE VP
NAME ABBOTT, MITCHELL
STREET ADDRESS 2604 PALM ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE S
NAME ABBOTT, ROBERTA
STREET ADDRESS 2604 PALM ROAD
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE T
NAME ABBOTT, KEITH
STREET ADDRESS 1257 OLYMPIC CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000072411
03/01/04-80110-003 158.75

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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)(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

MITCHELL ABBOTT V.P.

Date

Daytime Phone

1/25/04 561-840-1029