

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L67160

1. Entity Name
INTERIOR ARTS, INC.



Principal Place of Business
272 N.W. BAKER RD.
STUART, FL 34994

Mailing Address
272 N.W. BAKER RD.
STUART, FL 34994



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0200707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, ARNOLD
272 BAKER RD.
STUART, FL 33494-1040

**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

Nellie Carter

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

(NOTE: Registered Agent signature required when reinstating)

4/20/04
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**

U00000126642

04/23/04-88642-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARTER, ARNOLD
STREET ADDRESS 272 N.W. BAKER RD.
CITY-ST-ZIP STUART, FL 34994 1040

TITLE VP
NAME CARTER, NELLIE
STREET ADDRESS 272 N.W. BAKER RD.
CITY-ST-ZIP STUART, FL 34994 1040

TITLE T
NAME CARTER, DALE
STREET ADDRESS 1500 N. CONGRESS AVE.
CITY-ST-ZIP W.P. BEACH, FL 33407

TITLE S
NAME CARTER, JANICE
STREET ADDRESS 2122 ECHO LANE
CITY-ST-ZIP W PALM BCH, FL 33407

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)(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:

Nellie Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04

772 892-2147

DATE

Daytime Phone #