

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L73907

Entity Name
TOUCH OF ELEGANCE INTERIORS, INC.



Principal Place of Business
157 BAREFOOT CIRCLE
BONITA SPRINGS, FL 34134 US

Mailing Address
157 BAREFOOT CIRCLE
BONITA SPRINGS, FL 34134 US

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0194173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FONTANA, MARY A.
157 BAREFOOT CIR.
BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

01/30/06 80015-002 150.00

OFFICERS AND DIRECTORS

TITLE	D
NAME	FONTANA, MARY A.
STREET ADDRESS	157 BAREFOOT CIRCLE
CITY-ST-ZIP	BONITA SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: Mary Fontana Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 239 992 9198
Date Daytime Phone #