2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State
01-14-2004 90006 016 ***150.00

DOCUMENT # L75940

1. Entity Name
ANDREASEN INTERIORS INC.

Principal Place of Business	Mailing Address
4441 BLUE SAGE CT BONITA SPRINGS, FL 34134-913 US	4441 BLUE SAGE CT BONITA SPRINGS, FL 34134-913 US

01092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10881 Crooked River Rd	PMB 331 Suite 212
Suite, Apt. #, etc.: Unit 103	Suite, Apt. #, etc.: 24600 S. Tamiami Tr.
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34135 County: Lee	Zip: 34134 County: Lee

4. FEI Number: 65-0193643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGFORD, GEORGE P. 3357 TAMIAMI TR N NAPLES, FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREASEN, JEFFREY R. 4441 BLUE SAGE CT BONITA SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 324 Pine Street Deerfield, IL 60015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREASEN, STEVEN M. 4441 BLUE SAGE CT BONITA SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 302 Oakwood Estates Dr. Anderson SC 29621
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREASEN, ROBERT L. 4441 BLUE SAGE CT BONITA SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PMB 331 Suite 212 24600 S. Tamiami Tr. Bonita Springs, FL 34134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREASEN, RUTH C. 4441 BLUE SAGE CT BONITA SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PMB 331 Suite 212 24600 S. Tamiami Tr. Bonita Springs, FL 34134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert L. Andreasen, Director 1/9/04 239 495-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT L. ANDREASEN