## **2004 FOR PROFIT CORPORATION**

## ANNUAL REPORT **DOCUMENT # P00000037180** DESIGN GROUP INTERIORS, INC. Principal Place of Business Mailing Address 4287 NW 1ST AVE. 4287 NW 1ST AVE. BOCA RATON, FL 33431 BOCA RATON, FL 33431

## FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90119 003 \*\*\*150.00

## 1401272 CR2E034 (10/03) 04232004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1006379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOLSON, JAMES O **4287 NW 1ST AVE** BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DOLSON, JAMES O NAME STREET ADDRESS 4287 NW 1ST AVE. BOCA RATON, FL 33431 CITY (ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered.

**SIGNATURE:** 

AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #