

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000106899

FILED
Jan 06, 2005
Secretary of State

Entity Name: DURBIN INTERIOR SYSTEMS INC.

Current Principal Place of Business:

4690B ASHTON ROAD
SARASOTA, FL 34233

New Principal Place of Business:

5356 SKYLINE PLACE
SARASOTA, FL 34233

Current Mailing Address:

5356 SKYLINE PLACE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-1056892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURBIN, DEBRA A
5356 SKYLINE PLACE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DURBIN, TIMOTHY L
Address: 5356 SKYLINE PLACE
City-St-Zip: SARASOTA, FL 34232

Title: PTSD () Delete
Name: DURBIN, DEBRA
Address: 5356 SKYLINE PLACE
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DURBIN, AMANDA J
Address: 5356 SKYLINE PLACE
City-St-Zip: SARASOTA, FL 34232

Title: D () Change (X) Addition
Name: DURBIN, JEREMY L
Address: 5356 SKYLINE PL
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A DURBIN

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date