

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90124 019 \*\*\*150.00

DOCUMENT # P00000112078

1. Entity Name  
JANE DAVID INTERIORS, INC.



Principal Place of Business  
500 NE 5TH AVE  
SUITE 3  
DELRAY BEACH, FL 33483

Mailing Address  
500 NE 5TH AVE  
SUITE 3  
DELRAY BEACH, FL 33483

50034182



2. Principal Place of Business

504 NE 5th Ave  
Suite, Apt. #, etc.

3. Mailing Address

504 NE 5th Ave  
Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number  
65-1059830

Applied For  
Not Applicable

Zip  
33483

Country

Zip  
33483

Country

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

6. Name and Address of Current Registered Agent

DAVID, JANE  
500 NE 5TH AVE STE 3  
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name JANE DAVID  
Street Address (P.O. Box Number is not acceptable) 504 NE 5th Ave  
City Delray Beach FL Zip Code 33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME DAVID, JANE  
STREET ADDRESS 1140 EMERALD DRIVE  
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 561-921-3331  
Date Daytime Phone #

JANE DAVID, Pres.