

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 032 ***150.00

DOCUMENT # P00000114965

1. Entity Name
DOMAINE INTERIORS, INC.



Principal Place of Business
**6100-3 APOPKA-VINELAND
ORLANDO, FL 32819**

Mailing Address
**6100-3 APOPKA-VINELAND
ORLANDO, FL 32819**



2. Principal Place of Business

**7600 Dr. Phillips Blvd
Suite 74**

3. Mailing Address

**7600 Dr. Phillips Blvd
Suite 74**

04262006

Chg-P

CR2E034 (11/05)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3688415

Applied For

Not Applicable

Zip

32819

Country

Orange

Zip

32819

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLATON, MICHELLE
8365 SANDBERRY BLVD
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

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

Michelle Slaton

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

(NOTE: Registered Agent signature required when reinstating)

4/27/06

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SLATON, MICHELLE**
STREET ADDRESS **8365 SANDBERRY BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☒ Delete
NAME **TOBEY, KATHLEEN**
STREET ADDRESS **6088 MASTERS BLVD**
CITY-ST-ZIP **ORLANDO, FL 32819**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Michelle Slaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 4073709909

Date

Daytime Phone #