

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90180 004 \*\*\*150.00

**DOCUMENT # P01000019782**

1. Entity Name  
**DECORATOR'S OFFICE FURNITURE ETC., INC.**



Principal Place of Business  
**2729 ADAMO DRIVE  
TAMPA, FL 33605**

Mailing Address  
**2729 ADAMO DRIVE  
TAMPA, FL 33605**

**50044747**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

04012005 Chg-P CR2E034 (10/03)

4. FEI Number  
**72-1551785**

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

**MARSHALL, RON  
1311 ESTATEWOOD DRIVE  
BRANDON, FL 33510**

## 7. Name and Address of New Registered Agent

Name **Tom E. Chapdelaine**  
Street Address (P.O. Box Number is Not Acceptable)  
**2729 Adamo Drive**  
City **Tampa** FL Zip Code **33605**

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 **Tom Chapdelaine**

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 **D** ☐ Delete  
NAME **CHAPDELAIN, THOMAS E**  
STREET ADDRESS **3130 STATE ROAD 60 E**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **VP** ☐ Delete  
NAME **Carol Creegan**  
STREET ADDRESS **2729 Adamo Drive**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE **VP** ☐ Delete  
NAME **John Taylor**  
STREET ADDRESS **2729 Adamo Dr**  
CITY-ST-ZIP **Tampa, FL 33605**

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 **Thomas E Chapdelaine** ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **2729 Adamo Drive**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Carol Creegan**  
STREET ADDRESS **2729 Adamo Drive**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE **VP** ☐ Change ☒ Addition  
NAME **John Taylor**  
STREET ADDRESS **2729 Adamo Dr**  
CITY-ST-ZIP **Tampa, FL 33605**

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 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

Date

Daytime Phone #