


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000025990 1. Entity Name CATHERINE MICHAEL INTERIORS, INC.	
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Principal Place of Business
1641 LAND O'LAKES BLVD
SUITE 6
LUTZ, FL 33549

Mailing Address
1641 LAND O'LAKES BLVD
SUITE 6
LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-3713454	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARCHESE, MICHAEL S
5519 AVENUE DU SOLEIL
LUTZ, FL 33558

**DO NOT WRITE
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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MARCHESE, CATHERINE E 5519 AVENUE DU SOLEIL LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHESE, MICHAEL S 5519 AVENUE DU SOLEIL LUTZ, FL 33558
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03/07/06-P00006-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-06

Date

813-909-6695

Daytime Phone #