2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State			
1. Entity Nam			 	5001000	iry or state	,	
NANCY ADAMS FINE ARTS & INTERIORS, INC.							
238 MARIPO	OSA	nailing Address 125 WODEN WAY WINTER HAVEN, FL 33884					
DO NOT WRITE IN THIS SPA			CE	04272005	No Chg-P	CR2E034 (10/03)	plied Far
			• • • • • • • • • • • • • • • • • • • •	04-368 5. Certificate	38021 e of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current Regi-	stered Agent	Į		•	-	
ADAMS, NANCY 125 WODEN WAY WINTER HAVEN, FL 33884					NOT W THIS SF		
	named entity submits this statement for the ions of registered agent. Signature, typed of printed name of registered agent and title		ed office or register		oth, in the State of Flo	orida. I am familiar with, a	and accep
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			ncing \$5.	.00 May Be	Un00003 05/82/05-6	348272 30019-005 150	.00
10.	OFFICERS AND DIRE	CTÓRS .					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOSEPH 125 WODEN WAY WINTER HAVEN, FL 33884						
TITLE NAME STREET ADDRESS CITY - ST-ZIP	D ADAMS, NANCY 125 WODEN WAY WINTER HAVEN, FL 33884						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAMELY ADDRESS (NAMELY ADDRESS) 4/34/55 813-875-C