

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90023 001 ***150.00

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07062004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000039762 1. Entity Name LORI ROURK INTERIORS, INC.			
Principal Place of Business 1820 ROYAL FERN LN JACKSONVILLE BCH, FL 32250		Mailing Address 1820 ROYAL FERN LN JACKSONVILLE BCH, FL 32250	
2. Principal Place of Business 613 Treehouse Circle		3. Mailing Address 613 Treehouse Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State St. Augustine FL		City & State St. Augustine FL	
Zip 32095		Zip 32095	
Country United States		Country United States	
4. FEI Number 59-3712199		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROURK, LORI A 1820 ROYAL FERN LN JACKSONVILLE BCH, FL 32250		7. Name and Address of New Registered Agent Name Lori Rourk Street Address (P.O. Box Number is Not Acceptable) 613 Treehouse Circle City St. Aug. FL Zip Code 32095	
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 Lori Rourk DATE 7/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS <input type="checkbox"/> Delete NAME ROURK, LORI A STREET ADDRESS 1820 ROYAL FERN LN CITY-ST-ZIP JACKSONVILLE BCH, FL 32250	TITLE DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rourk, Lori A STREET ADDRESS 613 Treehouse Circle CITY-ST-ZIP St. Augustine FL 32095	TITLE VT <input type="checkbox"/> Delete NAME ROURK, LEE B STREET ADDRESS 1820 ROYAL FERN LN CITY-ST-ZIP JACKSONVILLE BCH, FL 32250	TITLE VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Rourk, Lee B STREET ADDRESS 613 Treehouse Circle CITY-ST-ZIP St. Augustine, FL 32095
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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: Lori Rourk <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/20/04 Daytime Phone # 904 599 9215	