


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000046365</b>	
<b>1. Entity Name</b> STODGELL INTERIORS, INC.	

<b>Principal Place of Business</b> 2300 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301	<b>Mailing Address</b> 2300 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
PORGES, GREGORY J 1205 MANATEE AVENUE WEST BRADENTON FL 34205		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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) **DATE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> DICKMAN, SUSAN S <b>STREET ADDRESS</b> 700 POINCIANA DR <b>CITY- ST- ZIP</b> FORT LAUDERDALE FL 33301		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b> U000000228381 02/14/05-80032-019 150.00	
<b>TITLE</b> ST <input type="checkbox"/> Delete <b>NAME</b> DICKMAN, MICHAEL W <b>STREET ADDRESS</b> 2235 NE 31 ST <b>CITY- ST- ZIP</b> LIGHTHOUSE POINT FL 33064		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
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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 life empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/05