

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000071670

1. Entity Name
INTERIOR DESIGN NETWORK, INC.



Principal Place of Business
900 FIFTH AVENUE SOUTH
SUITE 102
NAPLES, FL 34102

Mailing Address
900 FIFTH AVENUE SOUTH
SUITE 102
NAPLES, FL 34102



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3737427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEZESHKAN, FEREYDOON
900 FIFTH AVENUE SOUTH
SUITE 102
NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	PEZESHKAN, FEREYDOON
STREET ADDRESS	900 FIFTH AVENUE SOUTH, STE 102
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	S
NAME	O'REILLY, EDIE
STREET ADDRESS	900 FIFTH AVENUE SOUTH #102
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VP
NAME	PEZESHKAN, LINDA
STREET ADDRESS	900 FIFTH AVENUE SOUTH, STE 102
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/18/07 -80033-006 150.00

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

4-30-07

Date

Daytime Phone #