

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90001 027 ***150.00

DOCUMENT # P01000099630

1. Entity Name

KAREN LYNN INTERIORS, INC.



Principal Place of Business

2551 S RD 84
FORT LAUDERDALE, FL 33312

Mailing Address

2125 SE 10TH AVE.
#1009
FORT LAUDERDALE, FL 33316

04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1149890Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

POULOS, KAREN LYNN
2551 S RD 84
FORT LAUDERDALE, FL 33312**DO NOT WRITE
IN THIS SPACE**

B. 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, 2005 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
PSTD
POULOS, KAREN L
2107 SOUTHEAST 10TH AVENUE
FORT LAUDERDALE, FL 33316TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/03/05

ATTACHMENT

40088634

John Phillips Thorsen, P.A.

Certified Public Accountants

8600 N.W. South River Drive
Suite 101
Miami, Florida 33166
Phone (305) 883-0120
Fax (305) 887-1251
Email jpt1944@aol.com

John Phillips Thorsen, CPA, CFE, CrFA
Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
Association of Certified Fraud Examiners
American College of Forensic Examiners



June 6, 2005

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Document #P01000099630

Gentlemen:

Enclosed you will find the 2005 for profit corporation annual report for Karen Lynn Interiors, Inc. and CK #2015 in the amount of \$150.00.

Please be advised that Karen Lynn Poulos, President of the company was out of town through 5/2/05 and had left instructions with her bookkeeper to take care of this by 5/1/05. When she returned to her office on 5/2/05 she found that her bookkeeper had not only quit, but had erased all her Quickbooks data. We have been assisting the client ever since to recreate the books and records for the company for the 2005 year. We have just come to the conclusion that the bookkeeper never took care of the annual report.

We therefore ask you to please accept this check and filing and not penalize the client for her bookkeeper's actions, or lack thereof.

Sincerely,

JOHN P. THORSEN, P.A. CPA, CFE, CrFE

A handwritten signature in black ink, appearing to read "Ana Maria Crucet".
Ana Maria Crucet, CPA

Enclosure