

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109958

Entity Name: R-TISTIC INTERIORS, INC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

244 E OAKHURST ST  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 941371  
MAITLAND, FL 32751

## New Mailing Address:

FEI Number: 59-3760296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINN, GRETCHEN  
244 E OAKHURST ST  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: ROSE, MARY J  
Address: 218 STONINGTON  
City-St-Zip: DELAND, FL 32724

Title: DP ( ) Delete  
Name: QUINN, GRETCHEN  
Address: 244 E OAKHURST ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV ( ) Delete  
Name: ANDREWS, GARY  
Address: 2025 ROCK HILL DR  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: WEST, MARY J  
Address: 606 GARDEN CLUB DRIVE  
City-St-Zip: DELAND, FL 32724

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: ANDREWS, GARY  
Address: 2025 ROCKY HILL DR  
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRETCHEN QUINN

PRES

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date