2005 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Feb 16, 2005 8:00 am Secretary of State 02-16-2005 90017 022 ***150.00

DOCUMENT # P02000029688

HOME DECOR BY SOMERSET FURNITURE, INC.

Principal Place of Business Mailing Address			1							
	AL CIRCLE N.E. E, FL 32308		2810A CAPITAL CIRCLE N.E. Tallahassee, Fl 32308			40018779				
2. Principal P	lace of Business	3. Mailing Addres								
						Mâid einii naiii naih nai	68 18 6 8 18 5	81188 18188 18 48	EBI II IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		02122005	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number 45-0469				plied For t Applicable	
Zip Country		Zip	Country		5. Certificate o	f Status Desired		8.75 Addi		
	6. Name and Address of Curre	nt Registered Agent			7. Name and A	Address of New R	legistered Age	ent		
				Name	•				~	
NELSON, GREGORY G 1279 CONSERVANCY DR. EAST TALLAHASSEE, FL 32312			Street Address	(P.O. Box Number	is Not Acceptable	∍)				
IALLAHA	33EE, FL 32312									
		Λ		City			FL	Žip Code	;	
	named entity submits this statement ions of legistered agent. Sprace type for proted name of registered ag	la		red office or registe		, in the State of Flo	orida. I am fan	niliar with, a	and accept	
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$55	T	Campaign Fina and Contribution.	~ _ ~	5.00 May Be ided to Fees		****		-	
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE .	Р	☐ De	lete TITL	E] Change	Addition	
NAME	NELSON, GREGORY G	O.T.	NAM	1						
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS Y-ST-ZIP						
THE	ST ST	C √ 0 De						Change	Addition	
TIAME	NELSON, JAMES S	Cyurba	NAM:				L	change		
STREET ADDRESS	2926 SHARER ROAD		STR	EET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CIT	Y-ST-ZIP						
TITLE NAME		□ De	lete III.	1] Change	Addition	
STREET ADDRESS	-		STR	EET ADDRESS _						
CITY-ST-ZIP			CITY	Y-ST-ZIP						
TITLE		☐ De						Change	Addition	
MAME PERCET ADDRESS			NAN							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-S1-ZIP						
TITLE		□ De						Change	Addition	
HAME !		De	I IAM	L.			L	ondinge		
STALET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CITY	Y-ST-ZIP						
TITLE -		□ De	lete TITL	Æ				Change	Addition	
NAME	-	• •	NĄŅ	-	•					
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	L			Y-SI-ZIP						
12. I hereby of indicated	certify that the information supplied value on this report or supplemental repo	with this filing does not out of is true and accurate a	qualify for the exe and that my signa	emption stated in S ature shall have the	section 119.07(3)(i) e same legal effect	i, Florida Statutes. as if made under	I further certify oath; that I am	that the in an officer	iformation or director	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 #