

2005 FOR PROFIT CORPORATION ANNUAL REPORT




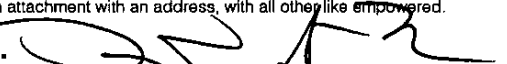
FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 033 ***150.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000044301			
1. Entity Name INTERIOR MOTIVES OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 3685 BAILES STREET BONITA SPRINGS, FL 34134		Mailing Address 3685 BAILES STREET BONITA SPRINGS, FL 34134	
2. Principal Place of Business 18210 MAPLE RD.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. MYERS FL		City & State	
Zip 33912	Country	Zip	Country
4. FEI Number 35-2164326		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, DAVID 3685 BAILES STREET BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name: SAME (new address) Street Address (P.O. Box Number is Not Acceptable): 18210 MAPLE RD. City: FT MYERS FL Zip Code: 33912	
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: 		DAVID A MOORE 5/1/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DAVID 3685 BAILES STREET BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESTON <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, PHILLIP M 1034 6TH LANE NORTH NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DAVID A MOORE 5/1/05 (239) 494.2222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	