

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90002 020 \*\*\*150.00

**DOCUMENT # P02000113254**

1. Entity Name  
**S.M. ROSS INTERIORS, INC.**



Principal Place of Business  
**635 NE 7TH AVE  
BOYONTON BEACH, FL 33435**

Mailing Address  
**635 NE 7TH AVE  
BOYONTON BEACH, FL 33435**

**44050605**



2. Principal Place of Business

3. Mailing Address

**1700 Depot Avenue**

**1700 Depot Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #4**

**Suite #4**

City & State

City & State

**Delray Beach, FL**

**Delray Beach, FL**

Zip

Country

Zip

Country

**33444 US**

**33444 US**

07282004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**05-0541499**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSS, SEAN  
635 NE 7TH AVE  
BOYONTON BEACH, FL 33435**

Name **ROSS, Sean (same)**

Street Address (P.O. Box Number is Not Acceptable)

**1700 Depot Avenue #4**

City

**Delray Beach**

FL

Zip Code

**33444**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**07/28/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ROSS, SEAN M**  
STREET ADDRESS **640 NE 7TH AVE**  
CITY-ST-ZIP **BOYONTON BEACH, FL 33435**

TITLE **D** ☒ Change ☐ Addition  
NAME **ROSS, Sean M**  
STREET ADDRESS **1700 Depot Avenue #4**  
CITY-ST-ZIP **Delray Beach, FL 33444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**07/28/04 (61) 243-2577**

Date

Daytime Phone #