



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90003 042 \*\*\*550.00

<b>DOCUMENT # P02000122968</b> 1. Entity Name <b>INTERIOR IMPROVEMENTS OF NAPLES INC</b>																													
Principal Place of Business <b>18652 SARASOTA RD FORT MYERS, FL 33912</b>			Mailing Address <b>PO BOX 10684 NAPLES, FL 34101</b>																										
2. Principal Place of Business <b>629 10th St. N</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.																											
City & State <b>Naples FL</b>		City & State (blank)		4. FEI Number <b>22-3881568</b>																									
Zip <b>34102</b>		Country <b>Collier</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>JANICKI, JOSEPH 18652 SARASOTA RD FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name <b>Janicki, Joseph</b> Street Address (P.O. Box Number is Not Acceptable) <b>629 10th St. N.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34102</b>																									
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 <u><i>Joseph Janicki</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/24/05</u>																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JANICKI, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18652 SARASOTA RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT MYERS, FL 33912</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	JANICKI, JOSEPH		STREET ADDRESS	18652 SARASOTA RD		CITY - ST - ZIP	FT MYERS, FL 33912		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Joseph Janicki</i></u> <u>7/24/05</u> <u>(239) 404-4456</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													