Mar 21 05 09:54a Naples Accounting & Tax

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Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90042 018 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000134973

1. Entity Name
DD WEST INTERIORS, INC.

Principal Place of Business
6553 CHESTNUT CIRCLE
NAPLES, FL 34109

Mailing Address
6553 CHESTNUT CIRCLE
NAPLES, FL 34109

03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 6260 Shirley ST
Suite, Apt. #, etc.: # 603
City & State: NAples, Fl
Zip: 34109 Country: US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 81-0590293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEIFRIED, DENISE
6553 CHESTNUT CIRCLE
NAPLES, FL 34109

7. Name and Address of New Registered Agent
Name: Denise L Meade Seifried
Street Address (P.O. Box Number is Not Acceptable): 6553 Chestnut Circle
City: NAples FL Zip Code: 34109

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: Denise L Meade Seifried March 21, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 SEIFRIED, DENISE 6553 CHESTNUT CIRCLE NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Denise L Meade Seifried	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Denise L Meade Seifried March 21, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #