

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 046 ***158.75

DOCUMENT # P02000135635

1. Entity Name

MARTHA SMITH SQUIRE INTERIORS, INC.



Principal Place of Business

1020 SW 19TH STREET
FORT LAUDERDALE FL 33315
US

Mailing Address

1020 SW 19TH STREET
FORT LAUDERDALE FL 33315
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 13-4230684

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

SMITH SQUIRE, MARTHA
1020 SW 19TH STREET
FORT LAUDERDALE FL 33315

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 D
NAME SQUIRE, MARTHA SMITH
STREET ADDRESS 1020 SW 19TH STREET
CITY- ST- ZIP FT. LAUDERDALE FL 33315 ☐ 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 exemptions contained in Section 119, 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: MARTHA S. SQUIRE, Pres./Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marta Squire Pres 4/22/07 954-525-1020
Date Daytime Phone #



ATTACHMENT

40119105

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2007

MARTHA SMITH SQUIRE INTERIORS, INC.
1020 SW 19TH STREET
FORT LAUDERDALE, FL 33315 US

SUBJECT: MARTHA SMITH SQUIRE INTERIORS, INC.
Ref. Number: P02000135635

We have received your document for MARTHA SMITH SQUIRE INTERIORS, INC. and check(s) totaling \$8.75. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 607A00035733

I'm embarrassed about this omission. Sorry. Please see Check #2564 enclosed for \$158.75.

Thank you.
[Signature]