


FILED
May 20, 2004 8:00 am
Secretary of State

04-29-2004 90318 013 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000004511			
1. Entity Name THOMSON & RAINVILLE INTERIOR DESIGN, INC.			
Principal Place of Business 6 D STREET ST. AUGUSTINE, FL 32080		Mailing Address 6 D STREET ST. AUGUSTINE, FL 32080	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 56-2329529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAINVILLE, CHARLYN 6 D STREET ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 RAINVILLE, CHARLYN 6 D STREET ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D THOMSON, CRAIG 6 D STREET ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 807, 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>Charlyn Rainville</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4.27.04</u> Daytime Phone # _____	



Attachment

HOLTSVILLE NY 11742-0038

In reply refer to: 0134449754
May 15, 2003 LTR 252C
56-2329529 000000 00 000
04075

66423015

THOMSON & RAINVILLE INTERIOR DESIGN
INC
6 D ST
ST AUGUSTINE FL 32080-6911064

Taxpayer Identification Number: 56-2329529

Dear Taxpayer:

Thank you for the inquiry dated Apr. 15, 2003.

We have changed your business name as requested. The number shown above is valid for use on all tax documents. For your convenience, we have ordered corrected Forms 8109, Federal Tax Deposit Coupons for you to make your deposit. You should receive them in five to six weeks. REMINDER - Your new business name should also be used if you deposit electronically. You can make Electronic Funds Transfer (EFT) payments using the government's Electronic Federal Tax Payment System (EFTPS) through a financial agent designated to process tax payments.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Attachment

66423015
P03000004511



THOMSON & RAINVILLE, P.A.
ARCHITECTURE • INTERIORS

TRANSMITTAL SHEET

TO:	FROM:
Annual Reports Section	Charlyn Rainville
COMPANY:	DATE:
Florida Department of State	5-17-04
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
	34
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(850) 245-6056	
RE:	YOUR REFERENCE NUMBER:
FEI #56-2329529	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Attached is a copy of the Annual Report for Thomson & Rainville Interior Design Inc. Document #P03000004511 with the missing FEI number. Please advise us if there is anymore information you need to avoid a late filing.