2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000 TTON INTERIORS, IN		•9			08-13-2	2004 90069 03	9 ***130.00	
Principal Place of Business' Mailing Address				•	1	•			
. 8780 S. TROI MERRITT ISL	PICAL TRAIL AND, FL 32952		8780 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952			66432780			
2, Principal Pl 9780 Suite, Apt	S. Jopical T	3. Mailing Addre	S. Tropi	cal Tra					
City & State City & State					07302004	Chg-P'	CR2E034 (10/0	Applied For	
City & State					4. FEI Numb	-19928	306	Not Applicable	
Zip	Country	Zip -	ip _ Cour		5. Certificate	of Status Desired	S8.75 Fee Requ	Additional sired	
	6. Name and Address of C	7. Name and Address of New Registered Agent Name							
	ANITA	Street Address (P.O. Box Number is Not Acceptable)							
	•			<u></u>					
				City			FL Zpc		
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 di printed name of roggisimed agent and title all epickcable. (NOTE: Registated Agent alignature rectured when reinstating) DATE									
		T					·		
	LE NOWIII; FEE IS \$150. ue by September 8, 200		n Campaign Finar und Contribution.		5.00 May Be ded to Fees	in accordance v corporation did	vith s. 607.193(2)(I not receive the pri	b), F.S., the or notice.	
10.		S AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE .	Antha G Weaver						Chang	ge 🔲 Addition	
STREET ADDRESS City-St-Zip	9780 5 Frupro	1911 Truit	STRI	EET ADDRESS 7-ST-ZIP					
TITLE NAME		· 🗆 D		1			Chan	ge Addition	
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CITY-ST-ZIP		<u> </u>		/·SI-ZIP	• •		Chan	ge Addition	
NAME			NAM	Æ		•			
STREET ADDRESS CHY-ST-ZIP				EET ADDRESS Y-ST-ZIP			•		
TIPLE					<u> </u>		Chan	ge Addition	
NAME STREET ANDRESS	:.		nan Stri	NE EET ADDRESS				ļ	
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TITLE NAME	. :	□ D ₁	elete TITL				☐ Chan	ge 🗌 Addition	
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CITY-ST-ZIP	<u> </u>			r-st-zip E	120	(h)	☐ Chan	ge 🔲 Addition	
NAME		22 0	NAM	Æ	∕ * ₹	<u> </u>			
STRFET ADDRESS CITY-SI-ZIP			1	FET ADORESS (-ST-ZIP	. /	•			
12. I hereby of indicated of the cor	certify that the information supplied on this report or supplemental poration or the receiver or truste or on an attachment with no or	ed with this filing does not eport is true and accurate e empowered to execute the dress with all other like and	qualify for the exe and that my signa his report as requ	emption stated in Sature shall have the ired by Chapter 60	section 1/9.07(3) same legal effe 97, Florida Statut	(i), Florida Statutes, ct as il made under es; and that my nam	I further certify that the cath; that I am an office appears in Block 1	ne information icer or director 0 or Block 11 il	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stateb in Section via 0.07(3)(i). Florida Statutes, i further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the samp regal 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 697, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all directive empowered. SIGNATURE:									