

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000013400 1. Entity Name GABRIELE DEMPSEY INTERIOR DESIGN, INC.	
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Principal Place of Business 11538 BASKERVILLE RD. JACKSONVILLE, FL 32223	Mailing Address 11538 BASKERVILLE RD. JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1174423	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

**DEMPSEY, GABRIELE
11538 BASKERVILLE RD.
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMPSEY, GABRIELE 11538 BASKERVILLE RD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMPSEY, BRUCE 11538 BASKERVILLE RD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/05-80065-003 150.00

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 supplied in a 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:  PRESIDENT 4.18.05 904 262-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GABRIELE DEMPSEY