## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR P

INTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 10, 2004 8:00 am Secretary of State DOCUMENT # P03000022499 1. Entity Name 02-10-2004 90032 040 \*\*\*150.00 INTERIORS, INTERIORS, INC. Principal Place of Business Mailing Address 360 GUMBO LIMBO LN 360 GUMBO LIMBO LN MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business · 3. Mailing Address 938 HORTH COLLIER BLUD 938 NORTH COLUER BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For MARCO ISLAM FL -3103287 LARCO ISLAND Not Applicable \$8.75 Additional 5. Certificate of Status Desired J3 1 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLIOT WEBSTER, RONALD S Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM MALL 985 N COLLIER BLVD** MARCO ISLAND FL 34145 360 GUMBO LIMBO MARCO 15LAM) 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. the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SERETARY, SUBSCRIBER SHARDI Change TITLE Delete TITLE ELLIOTI, EARY 360 GUMBO LIMBO LIME ELLIOTT, SANDRA NAME NAME 360 GUMBO LIMBO LN STREET ADDRESS STREET ADDRESS MARCO ISLAMD FR 34145 CITY-ST-7iP MARCO ISLAND FL 34145 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition SEE ORIGINAL INCORPORATION DOCUMENT NAME NAME SHITTED FROM THIS REPURT STREET ADDRESS STREET ADDRESS PLEASE INCLUDE CITY-ST-ZIP CITY-ST-ZIP Delete Change TTLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of tustee 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:

FILED