

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000031934</b>	
1. Entity Name <b>MARY JACOBSEN INTERIORS, INC.</b>	

Principal Place of Business <b>1201 SW HEATHER ST. PT ST. LUCIE FL 34983</b>	Mailing Address <b>1201 SW HEATHER ST. PT ST. LUCIE FL 34983</b>
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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 **86-1055039** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOBSEN, MARY  
1201 SW HEATHER ST.  
PT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code **FL**

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**  
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD JACOBSEN, MARY 1201 SW HEATHER ST. PT ST. LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000628675 02/16/07-80026-019 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD JACOBSEN, ROBERT 1201 SW HEATHER ST. PT ST. LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: MARY JACOBSEN PRES 2/3/07 772 871 2393