

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083559

Entity Name: A. PATE INTERIORS, INC.

FILED  
Jul 21, 2004  
Secretary of State

## Current Principal Place of Business:

356 CYPRESS WAY WEST  
NAPLES, FL 34110

## New Principal Place of Business:

5895 HIDDEN OAKS LANE  
NAPLES, FL 34119

## Current Mailing Address:

356 CYPRESS WAY WEST  
NAPLES, FL 34110

## New Mailing Address:

5895 HIDDEN OAKS LANE  
NAPLES, FL 34119

FEI Number: 20-0156050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AMY, PATE S  
356 CYPRESS WAY WEST  
NAPLES, FL, FL 34110

## Name and Address of New Registered Agent:

AMY, PATE S  
5895 HIDDEN OAKS LANE  
NAPLES, FL 34119

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.

SIGNATURE: AMY S PATE

07/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AMY, PATE S  
Address: 356 CYPRESS WAY WEST  
City-St-Zip: NAPLES, FL 34110

Title: V ( ) Delete  
Name: JOHN, PATNAUDE  
Address: 356 CYPRESS WAY WEST  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AMY, PATE S  
Address: 5895 HIDDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: V (X) Change ( ) Addition  
Name: JOHN, PATNAUDE  
Address: 5895 HIDDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY S PATE

P

07/21/2004

Electronic Signature of Signing Officer or Director

Date