2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000119654

1. Entity Name
FLORIDA HOME STYLES INC.

Principal Place of Business	Mailing Address
7977 SW WILDWOOD DR. STUART, FL 34997 US	7977 SW WILDWOOD DR. STUART, FL 34997 US

DO NOT WRITE IN THIS SPACE

04122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0369552	Not Applicable

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

6. Name and Address of Current Registered Agent

NASTARI, ANGELA K
7977 SW WILDWOOD DR.
STUART, FL 34997

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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 _Angela K. Nastari_

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐   **$5.00** May Be Added to Fees

U00000319478
04/20/05-80099-021 150.75

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	NASTARI, ALAN A
STREET ADDRESS	7977 SW WILDWOOD DR.
CITY-ST-ZIP	STUART, FL 34997

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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 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: _Alan A. Nastari_   4-12-05   772 221-1159

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