2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2004 8:00 am Secretary of State **DOCUMENT # P03000146586** 1. Entity Name 04-27-2004 90081 015 ***150.00 DENISE ALEXANDER INTERIORS, INC. Principal Place of Business Mailing Address リマッ・ 5515 MORET DR EAST 5515 MORET DR EAST JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0418722 Not Applicable Country Zip Žίο \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, DENISE Street Address (P.O. Box Number is Not Acceptable) 5515 MORET DR EAST JACKSONVILLE, FL 32244 Zip Code City 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 luander SIGNATURE_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS .10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALEXANDER, DENISE NAME NAME 5515 MORET DRIVE E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition LOVETT, JOHN L NAME NAME STREET ADDRESS 5515 MORET DRIVE E. STREET ADDRESS JACKSONVILLE, FL 32244 CITY-ST-ZIP CITY-S1-ZIP ☐ Addition TITLE Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY - ST - ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED