

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90224 043 ***150.00

DOCUMENT # P03000152475

1. Entity Name

ILLUSIONS DECORATIVE CONCRETE DESIGNS, INC.



Principal Place of Business

23971 CREEK PARKE CIRCLE
FERNANDINA BEACH FL 32034

Mailing Address

23971 CREEK PARKE CIRCLE
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3371 Bay Branch Rd
Suite, Apt. #, etc.

3. Mailing Address

3371 Bay Branch Rd
Suite, Apt. #, etc.

City & State

Clayton, Ga

City & State

Clayton, Ga

Zip

30417

Country

USA

Zip

30417

Country

USA

4. FEI Number

05-0593387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYETTE, SYLVIA M
23971 CREEK PARKE CIRCLE
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Robert M. Boyette

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

10632 Akers Dr. N.

City

Jacksonville

FL

Zip Code

32225

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

Robert M. Boyette

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2-11-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOYETTE, SYLVIA M ☐ Delete
STREET ADDRESS 23971 CREEK PARKE CIRCLE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE V
NAME BOYETTE, WILLIAM E ☐ Delete
STREET ADDRESS 23971 CREEK PARKE CIRCLE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE S
NAME WUNDER, SUZANNE MARIE ☒ Delete
STREET ADDRESS 23971 CREEK PARKE CIRCLE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Sylvia M Boyette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05

Date

Daytime Phone #