## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000022965 05 OCT 18 AM 10: 29 SOUTHERLY INTERIORS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1040 DEL HARBOR DR 1040 DEL HARBOR DR DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address AS. ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc. 08292005 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. EEI Number Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOEFFLER, GWEN Street Address (P.O. Box Number is Not Acceptable) 1040 DEL HARBOR DR DELRAY BEACH, FL 33483 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PRESIDENT ☐ Delete TITLE ☐ Change THEN LOEFFLEK NAME NAME 100060721191 10/18/05--01071--001 \*\*\*50 1040 DEL HARBOUR DEIVE STREET ADDRESS STREET ADDRESS \*\*500.00 33,483 DELRAY BEACH, FL CHY-ST-782 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 100060721191 10/18/05--01071--002 \*\*50.00 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 ☐ Change ☐ Addition HILE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME OK Ecket OCT 24 2005 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 five empowered. 954.803 3287 SIGNATURE:

October 11, 2005

To Whom It May Concern:

I am the sole employee of Southerly Interior Inc. In Late August, I sent a check to the State of Florida for Uniform Business Filing in the amount of \$500.00. That check was returned to me due to an incomplete annual report.

Unfortunately when it arrived I already left for New York to care for my critically ill sister. Clearly my actions have shown intent to pay and to do so in good faith and on time.

Would the State kindly consider waving any further fees with regard to this matter? I can be reached in New York at 845-221-1905 or on my mobile 954-803-3287

Respectfully Submitted,

Gwen S. Loeffler