


Apr 29 05 12:52p

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90407 021 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000054025			
1. Entity Name N.J. DEMERS INTERIORS, INC			
Principal Place of Business 514 SOUTH WEST 16TH STREET FORT LAUDERDALE, FL 33315 US		Mailing Address 514 SOUTH WEST 16TH STREET FORT LAUDERDALE, FL 33315 US	
2. Principal Place of Business MOVED 609 NE 3rd Ave		3. Mailing Address 609 NE 3rd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach FL		City & State Delray Beach FL	
Zip 33444		Zip 33444	
Country USA		Country USA	
4. FEI Number 56-0448475		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMERS, NAOMI J 514 SOUTH WEST 16TH STREET FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name: NAOMI DEMERS Street Address (P.O. Box Number is Not Acceptable): 609 NE 3rd Ave City: Delray Beach FL Zip Code: 33444	
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: NAOMI DEMERS 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DEMERS, NAOMI J 514 SOUTH WEST 16TH STREET FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DEMERS, NAOMI J 609 NE 3rd Ave Delray Beach, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: NAOMI DEMERS		4/29/05 (054) 217-0113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	