


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90311 039 ***150.00

DOCUMENT # P04000102317 1. Entity Name LINDA EWING INTERIORS, INC.					
Principal Place of Business 1607 CAYMAN COURT NAPLES, FL 34119			Mailing Address 1607 CAYMAN COURT NAPLES, FL 34119		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 113010 Suite, Apt. #, etc.			
City & State Zip		City & State NAPLES, FL. Zip 34108		Country USA	
4. FEI Number 20-1463523				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, JOSEPH D ESQUIRE 2671 AIRPORT RD SOUTH, SUITE 302 NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Linda F. Ewing</i></u> DATE <u>4-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DPVS EWING, LINDA 1607 CAYMAN COURT NAPLES, FL 34119	<input type="checkbox"/> Delete			
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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: <u><i>Linda F. Ewing, President</i></u> DATE <u>4-22-05</u> DAYTIME PHONE # <u>(239) 596-6967</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		