

2005 FOR PROFIT CORPORATION ANNUAL REPORT

112

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000147319 1. Entity Name S & S QUALITY INTERIORS & TEXTURES, INC.																													
Principal Place of Business 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208			Mailing Address 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State City & State			4. FEI Number 20-1765463																										
Zip Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent SHROWDER, JAMES WADE 1582 COUNTRYSIDE ACRES AVE BRYCEVILLE, FL 32009				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>James W Shrowder</u> 10-10-05 <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																										
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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>James Wade Shrowder</u> 10/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

10/31/05

Evelyn Noel - Accountant

MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD.
JACKSONVILLE, FLORIDA 32208
TELEPHONE 768-6486

October 10, 2005

State of Florida
Division of Corporations
P O Box 6327
Tallahadsee, Florida 32314

re: S & S Interiors Inc

Gentlemen:

We did not receive a renewal notice form your office in order to renew our Corporation. I am enclosing a check in the amount of \$150. We would most appreciate if your would kindly advise us as soon as your office renews so we can get our Workmans Compensation renewed and our agent is waiting for your reply.

Thanking you in advance .

Sincerely,

Evelyn Noel
Evelyn Noel

cc; file
James Wade Shrower
182 Country side Acres Avenue
Byrceville, Florida 32009