

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000005786

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** THE INTERIORS WORKSHOP OF NAPLES, INC.

**Current Principal Place of Business:**

1736 TRADE CENTER WAY  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

1736 TRADE CENTER WAY  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0380392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AYOTTE, JOHN R  
2444 RAVENNA BLVD #102  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AYOTTE, JOHN R  
Address: 2444 RAVENNA BLVD #102  
City-St-Zip: NAPLES, FL 34109

Title: V  
Name: BOWINS, TOM  
Address: 1081 20TH AVENUE NE  
City-St-Zip: NAPLES, FL 34120

Title: V  
Name: DAVIS, KEN  
Address: 21200 WAYMOUTH RUN  
City-St-Zip: ESTERO, FL 33928

Title: T  
Name: TAYLOR, BRUCE  
Address: 5755 14TH AVENUE SW  
City-St-Zip: NAPLES, FL 34116

Title: S  
Name: DENNIS, KIMBERLY  
Address: 10500 BINKY LN.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V  
Name: AYOTTE, DAVID J  
Address: 2338 IMMOKALEE RD. #372  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY DENNIS

S

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date