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Secretary of State
03-08-2005 90165 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000023959

1. Entity Name
BOBBI HART INTERIORS, INC.
Bobbi Hart Interiors

40028057

Principal Place of Business	Mailing Address
7865 S. TROPICAL TRL MERRITT ISLAND, FL 32952 US	7865 S. TROPICAL TRL MERRITT ISLAND, FL 32952 US

03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3227277
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, BARBARA
7865 S TROPICAL TRASIL
MERRITT ISLAND, FL 32952
Hart, Barbara
7865 S. Tropical Trail
Merritt Isl. Fl 32952
New address!

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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: Barbara Hart 3/2/05
Signature, type or print 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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HART, BARBARA
STREET ADDRESS	7865 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 a attachment with an address, with all other like empowered.

SIGNATURE: Barbara Hart President 3/2/05
E-MAIL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAR-1-2005 16:42 FROM:S 3217331083 TO:4493858 P.2