



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90213 002 ***150.00

DOCUMENT # P93000055970 1. Entity Name INTERIORS WITH MARY LOU, INC.																					
Principal Place of Business 11167 ISLEBROOK CT. WELLINGTON FL 33414 US			Mailing Address 11167 ISLEBROOK CT. WELLINGTON FL 33414 US																		
2. Principal Place of Business <i>11167 Isle Brook CT</i> Suite, Apt. #, etc. <i>Wellington FL</i> City & State <i>33414</i>		3. Mailing Address <i>11167 Isle Brook CT</i> Suite, Apt. #, etc. <i>Wellington FL</i> City & State <i>33414</i>																			
Zip	Country	Zip	Country	4. FEI Number 65-0443762 <div style="float: right;"> Applied For <input type="checkbox"/> Not Applicable </div>																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				50019549  1st MOORE CR2E034 (10/04)																	
6. Name and Address of Current Registered Agent PILOUS, MARY LOU 11167 ISLEBROOK CT. WELLINGTON FL 33414																					
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 _____ <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 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD PILOUS, MARY LOU <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>11167 ISLEBROOK CT.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>WELLINGTON FL 33414</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	PD PILOUS, MARY LOU <input type="checkbox"/> Delete	NAME	11167 ISLEBROOK CT.	STREET ADDRESS	WELLINGTON FL 33414	CITY - ST - ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Lou Pilous
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #