

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000014868**

1. Entity Name  
**JADE HOME DECOR INC.**



Principal Place of Business  
**9309 EL PASO DRIVE  
LAKE WORTH, FL 33467-1009**

Mailing Address  
**9309 EL PASO DRIVE  
LAKE WORTH, FL 33467-1009**



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0416602**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLAPPI, JOHN  
9309 EL PASO DRIVE  
LAKE WORTH, FL 33467**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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	PD
NAME	CLAPPI, JOHN
STREET ADDRESS	9309 EL PASO DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VP
NAME	MORAN, ROBERT
STREET ADDRESS	8569 YEARLING DR
CITY-ST-ZIP	LAKE WORTH, FL 334671175
TITLE	T
NAME	MORAN, KATHRYN
STREET ADDRESS	8569 YEARLING DR
CITY-ST-ZIP	LAKE WORTH, FL 334671175
TITLE	S
NAME	CLAPPI, DEBORAH
STREET ADDRESS	9309 EL PASO DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000237952  
02/21/05-80080-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOHN CLAPPI - 2/15/05 - 561 433-0951**