## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P9400@015583

1. Entity Name

ARCHITECTURAL INTERIORS, INCORPORATED



Principal Place of Business

324 N. PARK AVE., #C

SUITE A

WINTER PARK, FL 32789

Mailing Address

P.O. BOX 598

WINTER PARK, FL 32790-0598

## FILED Apr 21, 2004, 08:00 AM Secretary of State



02112004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-3235993

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, SARA W 255 SYLVAN BLVD. WINTER PARK, FL 32789

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			114	THIS SPACE
	named entity submits this statement for the plants of registered agent.	surpose of changing its registere	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and file	applicable. (NOTE Registered	1 Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.	OFFICERS AND DIREC	CTORS	I	ti00000123042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT REEVES, SARA W 255 SYLVAN BLVD WINTER PARK, FL		·	04/21/04-80054-023 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- · · ·	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> विकास चेत्र क्षेत्रका स्थान</u>	<del></del>
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true to	ling does not qualify for the exer and accurate and that my signat	mption stated in Section 119.07(3 ure shall have the same legal effe	(b)(i), Florida Statutes, I further certify that the information sect as if made under path, that I am an officer or director

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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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

4/2/04

Daytime Phone #