

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90101 015 ***158.75

DOCUMENT # P94000015583

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

50033986



2. Principal Place of Business

300 North Knowles Ave

3. Mailing Address

Suite, Apt. #, etc.
311

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

Zip
32789

Country
USA.

Zip

Country

03212005

Chg-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

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

Signature, typed or printed 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 PT
NAME REEVES, SARA W
STREET ADDRESS 255 SYLVAN BLVD
CITY-STATE-ZIP WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-STATE-ZIP

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 to an address, with all other like empowered.

SIGNATURE:

Sara W. Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

407-628-1015

Daytime Phone #