

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000018267

1. Entity Name
INTERFACE PROPERTIES, INC.



Principal Place of Business
2300 GLADES ROAD
SUITE 230 W
BOCA RATON, FL 33431 US

Mailing Address
2300 GLADES ROAD
SUITE 230 W
BOCA RATON, FL 33431 US



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0489400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, KENNETH
2300 GLADES ROAD
SUITE 230W
BOCA RATON, FL 33431

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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 reinstating)

1100000255835

**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

03/11/05-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOODMAN, DANIEL
STREET ADDRESS	2300 GLADES RD #230W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	GOODMAN, CAROL
STREET ADDRESS	2300 GLADES RD #230W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	P
NAME	GOODMAN, KENNETH
STREET ADDRESS	2300 GLADES RD #230W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

1/24/05

Date

(561) 550-5260

Daytime Phone #