

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000002617

**1. Entity Name
INTERIOR TECHNICIANS, INC.**



**Principal Place of Business
2502 SW BUENA VISTA DR
PALM CITY, FL 34990 US**

**Mailing Address
P.O. BOX 2561
PALM CITY, FL 34991 US**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0548106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRALL, MATTHEW E
2455 E. SUNRISE BLVD.
PENTHOUSE WEST
FT. LAUDERDALE, FL 33304**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOCKWOOD, JOHN
2502 SW BUENA VISTA DR
PALM CITY, FL 34990**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

UD00000319392
04/20/05-80037-014 150.00

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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:

John Lockwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Lockwood

4/12/05
Date

772-201-7780
Daytime Phone #