


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90030 039 ***150.00

DOCUMENT # P95000028635					
1. Entity Name CARRIE B. INTERIOR CONCEPTS, INC.					
Principal Place of Business 3035 LAKELAND HIGHLANDS ROAD LAKELAND FL 33803 US			Mailing Address 3035 LAKELAND HIGHLANDS ROAD LAKELAND FL 33803 US		
2. Principal Place of Business		3. Mailing Address 16313 Mira Vista Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Delray Beach, FL		4. FEI Number 26-2899728	
Zip		Zip 33446		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHARP, CARRIE B 6626 CRESCENT LAKE DRIVE LAKELAND FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16313 Mira Vista Lane City Delray Beach FL Zip Code 33446		
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 <u>Carrie B. Sharp</u> DATE <u>2/11/4</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D SHARP, CARRIE B <input type="checkbox"/> Delete NAME STREET ADDRESS 6626 CRESCENT LAKE DRIVE CITY-ST-ZIP LAKELAND FL 33813			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 16313 Mira Vista Lane CITY-ST-ZIP Delray Beach, FL 33446		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-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 with an address, with all other like empowered.					
SIGNATURE: <u>Carrie B. Sharp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/11/4</u> Daytime Phone # <u>8636603617</u>		