2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P95000081377 1. Entity Name INTERIOR CONSTRUCTION SYSTEMS, INC.							04-25-2005 9			
Principal Place of Business Mailing Address						•		្ត ១ប	U432	50
3022 STANFORD RD PO BOX 211						× ,				.00
SUITE J. PANAMA CITY, FL 32402			2402 L	IS						
PANAMA CIT	Y, FL 32405 US						ISTAC WILLS STALL BOOK STA	I desertater had		
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			02142005	Chg-P	CR2E034	(10/03)	
City & State		City & State	City & State		4. FEI Number 59-3345989			,		oplied For ot Applicable
Zip	Country .	Zip	Coun	itry		5. Certificate	of Status Desired		8.75 Add ee Require	
್ಕಾಬ ೃವಾಥ_	6. Name and Address of Curr			<u> </u>		7. Name and	Address of New R	egistered Ag	ent	معددتن مين
		, 		Name						
DAVIS, TRACY L 1541 E. HWY 388 SANDHILLS, FL 32409				Street Address (P.O. Box Number is Not Acceptable) 3022 STANFORD, STE .T						
				City			···		Zip Cod	
				PÁNA	ANAMA CITY FI. IL 32405					15
	named entity submits this stateme tions of registered agent	ent for the purpose of changing	its register	ed office or	register	ed agent, or bot	n, in the State of Flo	rida. I am fai	niliar with,	and accept
SIGNATURE_							9/0	22/0	3	
•	Signature, typed or Winted name of registered	adjent and title if applicable. (N	OTE: Registere	d Agent signatur	re required	when reinstating)	·	DATE		
FILE MOWIII FEE 1S \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5. Add	00 May Be ed to Fees				
10.	OFFICERS A	AND DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 11
TITLE			TITL	Ε				ſ	Change	Addition
NAME	DAVIS, TRACY L				n (D O DOW 211				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		P O BOX 211 PANAMA CITY, FL 32402				
TITLE					PA	NAMA CI	TY, FL	32402	☐ Change	☐ Addition
NAME	S & Delete TITI								T Charife	Accident
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			ET ADDRESS						
CITY-ST-ZIP	SANDHILLS, FL 32409		CITY	-ST-ZIP						
TITLE		☐ Delete	TITU					[Change	Addition
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NAME				NAME					Originge	[] Addition
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CITY-ST-ZIP			City	-ST-ZIP						
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NAME	•		NAM	1						
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS -ST-ZIP						
TITLE		□ Defete	TITLE					г	Change	☐ Addition
NAME		La Deidle	NAM	1				·	onenige	- MOUNDAI
STREET ADDRESS			4	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
12. I hereby o	certify that the information supplied	with this filing does not qualify	for the eye	motion state	ed in Se	ction 119 07/31/i	Florida Statutos I	further certifi	that the in	oformation

12. I hereby certify that the information supplied with this filing does not quality 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

4/12/05 39 831-1812 Date Davine Phone #