

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90035 038 ***150.00

DOCUMENT # P97000051642

1. Entity Name

ISLAND HOUSE INTERIORS, INC.



Principal Place of Business

2424 SE INDIAN ST
STUART FL 34997
US

Mailing Address

2424 SE INDIAN ST
STUART FL 34997
US

34034013



MOORE CR2E034 (11/03)

2. Principal Place of Business

1001 JUPITER PARK DR

Suite, Apt. #, etc.

SUITE # 124

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Address

1001 JUPITER PARK DR

Suite, Apt. #, etc.

SUITE # 124

City & State

JUPITER, FLA

Zip

33458

Country

USA

4. FEI Number

65-0762036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNELL, ALEXIS
2424 SE INDIAN ST
STUART FL 34997

7. Name and Address of New Registered Agent

Name

ALEXIS CORNELL

Street Address (P.O. Box Number is Not Acceptable)

1001 JUPITER PARK DRIVE

SUITE # 124

City

JUPITER

FL

Zip Code

33458

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

Alexis Cornell

ALEXIS CORNELL V, PRES

4-8-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CORNELL, CHRIS
STREET ADDRESS 10207 ALAMANDA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE V ☐ Delete
NAME CORNELL, ALEXIS
STREET ADDRESS 10207 ALAMANDA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Alexis Cornell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04

Date

561-741-3292

Daytime Phone #