

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063201

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** NATALIE HOLTOM INTERIORS INC.

**Current Principal Place of Business:**

6445 33RD AVENUE  
VERO BEACH, FL 32966

**New Principal Place of Business:**

3645 OCEAN DRIVE  
VERO BEACH, FL 32963

**Current Mailing Address:**

PO BOX 643187  
VERO BEACH, FL 32963

**New Mailing Address:**

PO BOX 643187  
VERO BEACH, FL 32964

**FEI Number:** 65-0768352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, RICHARD L  
4445 NORTH A1A, SUITE 130  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BROWN, NATALIE HOLTOM  
Address: 6445 33RD LANE  
City-St-Zip: VERO BEACH, FL 32966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BROWN, NATALIE HOLTOM  
Address: 3645 OCEAN DRIVE  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NATALIE HOLTOM BROWN

PRES

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date