


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Sep 16, 1999 8:00 am  
Secretary of State

09-16-1999 90015 020 \*\*\*550.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000067224</b>					
1. Corporation Name <b>SIESTA PEBBLE INTERIORS, INC.</b>					
Principal Place of Business <b>17466 EAST STREET NORTH FORT MYERS FL 33917</b>			Mailing Address <b>17466 EAST STREET NORTH FORT MYERS FL 33917</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/01/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0773929</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GRAHAM, WILLIAM 1212 NE 3RD ST CAPE CORAL FL 33909</b>			10. Name and Address of New Registered Agent		
			81 Name <b>WILLIAM Graham</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>3614 Pelican BLVD</b>		
			83		
			84 City <b>CAPE CORAL</b> FL 85 Zip Code <b>33914</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	<b>GRAHAM, WILLIAM</b>				
STREET ADDRESS	<b>1212 NE 3RD ST</b>				
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>				
TITLE	V <input checked="" type="checkbox"/> DELETE				
NAME	<b>SIRIANNI, MICHELLE</b>				
STREET ADDRESS	<b>3612 SW 2ND ST</b>				
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>William Graham</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>17466 EAST ST.</b>					
1.3 STREET ADDRESS <b>N. FT. MYERS, FLA 33917</b>					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 941  
567-1678  
Date Daytime Phone #

CR2E034 (11/98)

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