

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90013 039 \*\*\*150.00

**DOCUMENT # P98000012710**

1. Entity Name  
**DEBRA KIRKPATRICK INTERIOR DESIGN, INC.**



Principal Place of Business  
**940 CLEARWATER LARGO RD  
LARGO, FL 33770 US**

Mailing Address  
**940 CLEARWATER LARGO RD  
SUITE #104  
LARGO, FL 33770 US**

**24005394**



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3492442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FELDMAN, DONNA J  
2655 MCCORMICK DRIVE  
CLEARWATER, FL 33759**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KIRKPATRICK, DEBRA  
1914 OAKDALE LANE NORTH  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DELK, MICHAEL  
18912 MONTEGO CT.  
OLDMAR,, FL 33557**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DELK, CHARLES  
1912 MONTEGO CT  
OLDMAR, FL 33557**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Debra Kirkpatrick* 1/27/04 727.559.8182