

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2005 08:00 AM
Secretary of State**

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



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3492442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

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, 2005 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	
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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)(f), 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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05

Daytime Phone #