

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90092 030 ***150.00

DOCUMENT # P98000017017

1. Entity Name

C & N INTERIORS, INC.



Principal Place of Business

2748 CAPITAL CIR. N.E.
#102
TALLAHASSEE FL 32308

Mailing Address

2748 CAPITAL CIRCLE NE
#102
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3493473

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

CARTER, DONNA P
1808 OLD BRIAR TRAIL
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name: CARTER, Donna P.
Street Address (P.O. Box Number is Not Acceptable): 36 YACHT LANE
P.O. Box 385
City: ST. MARKS FL Zip Code: 32355

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

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 PT ☐ Delete
NAME CARTER, DONNA
STREET ADDRESS 1808 OLD BRIAR TR
CITY-ST-ZIP TALLAHASSEE FL

TITLE VS ☐ Delete
NAME CARTER, WENDY
STREET ADDRESS 1808 OLD BRIAR TR
CITY-ST-ZIP TALLAHASSEE FL

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 PT ☒ Change ☐ Addition
NAME CARTER, Donna
STREET ADDRESS P.O. BOX 385 - 36 YACHT LANE
CITY-ST-ZIP ST. MARKS, FL. 32355

TITLE VS ☒ Change ☐ Addition
NAME CARTER, Wendy
STREET ADDRESS 4166 Forsythe way
CITY-ST-ZIP TALLAHASSEE, FL. 32309

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

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

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

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: Donna Carter DONNA CARTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04-850-297-1773

Date

Daytime Phone #