

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90040 025 ***150.00

DOCUMENT # P98000046400

1. Entity Name

JEAN WEMYSS INTERIORS, INC.



Principal Place of Business

4 TUBB ST.
OAKLAND FL 34760

Mailing Address

PO BOX 390
OAKLAND FL 34760

2. Principal Place of Business

3. Mailing Address

P.O. BOX 398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OAKLAND, FL

Zip

Country

Zip
34760

Country

USA

4. FEI Number

59-3511815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEMYSS, JEAN
4 TUBB ST.N
OAKLAND FL 34760

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

President

3-804

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WEMYSS, JEAN
STREET ADDRESS 57 N LAKEVIEW AVE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☒ Change ☐ Addition
NAME WEMYSS, JEAN
STREET ADDRESS 4 TUBB ST, N
CITY-ST-ZIP OAKLAND, FL 34760

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Jeane Wemyss* President

3-1-04

407 654-5890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #