## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2004 08:00 AM Secretary of State

					Sacratary of State			
DOCU 1. Entity Nam	MENT # P9800		Secretary of State					
JOHN H. NELSON INTERIORS, INC.								
,	e of Business	Mailing Address			<u> </u>			
1855 GRIFFI C-232	N RD	1855 GRIFFIN RI C-232	D					
DANIA, FL 3	3004	DANIA, FL 3300	)4					
			01272004	No Chg-P	CR2E03	4 (10/03)		
DO NOT WRITE IN THIS SPACE				CE	4. FEI Numbe		<del></del>	Applied For
			65-089				Not Applicable	
					5. Certificate	of Status Desired		8.75 Additional se Required
	6. Name and Address o							
NELSON,			DO	NOT W	RITE			
340 SUNSET DR. SUITE #509				DO NOT WRITE				
FT LUADERDALE, FL 33301					IN	THIS SF	ACE	
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 agents								
SIGNATURE Supature, typed or printed name of registered agent and vitle it applicable. (NOTE Registered Agent signature required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
After M	E NOW!!! FEE IS \$150 ay 1, 2004 Fee will be	Add	.00 May Be ed to Fees					
TITLE	PSTD	ERS AND DIRECTORS		-				
NAME	NELSON, JOHN H							
STREET ADDRESS	340 SUNSET DRIVE							
CITY-ST-ZIP	FT LAUDERDALE, FL 3	3301				-		
TITLE NAME						linnanā.	396711	
STREET ADDRESS				i		03/26/04-6	3000s-0	14 150.m
CITY+ST-ZIP		<del></del>						
TITLE NAME								
STREET ADDRESS					D0	NIOT 38/		
CITY-ST-ZIP				1	DO	NOT W	RIIE	
TITLE					IN T	THIS SF	ACE	
NAME STREET ADDRESS					·			
CITY-ST-ZIP		·						
TIPLE				l				
name Street address								
CITY-ST-ZIP	1							
TITLE	<del></del>		·					
NAME				1				

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:

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED ON PHINTED NAME OF SHANING OFFICER OR DIRECTOR

Daytme Phone #