

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000071078

1. Entity Name
ECORATIFS OF BREVARD, INC.



FILED

06 NOV -2 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

817 EAST STRAWBRIDGE
SUITE 2
MELBOURNE, FL 32901 US

Mailing Address

817 EAST STRAWBRIDGE
SUITE 2
MELBOURNE, FL 32901 US



09112006 No Chg-P CR2E034 (11/05) 06

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4. FEI Number
59-3543928

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRANTE, CHARLOTTE
820 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

817 E. Strawbridge
#2

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERRANTE, CHARLOTTE
STREET ADDRESS	817 EAST STRAWBRIDGE SUITE 2
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100080259091
09/28/06--01028--014 **150.00

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #



October 31, 2006

Sean Toner
Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

Dear Sean:

Decoratifs of Brevard, Inc is in receipt of your letter stating the company was administratively dissolved for failure to submit payment for the 2006 annual report by September 15, 2006.

Please note the date signed on the annual report (September 12, 2006). Charlotte Ferrante the owner of Decoratifs is very adamant that she sent the corporate filing on September 12, 2006. We would like to request the reinstating of this business with the Division of Corporations per my telephone conversation with you today.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads 'Katherine Johnson'. The signature is written in a cursive style.

Katherine Johnson, Owner
Sensible Bookkeeping Solutions