2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) **FILED** Feb 11, 2008 08:00 AN Secretary of State DOCUMENT # P98000108459 1. Entity Name MARCIA KLEVICKIS INTERIOR DESIGN, INC. Principal Place of Business Mailing Address 2480 FRUITVILLE RD STE 12 2480 FRUITVILLE RD STE 12 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FE! Number Applied For 65-0892946 Not Applicable Ζıp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIS, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND ST., S-888 SARASOTA FL 34236 City 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 Squatters, typed or preved name of registered opens and the Tumpicable. (NOTE Registered Agent either required when rejustable of DATE FILE NOWILL FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **DPTS** ΠΠE Delete KLEVICKIS, MARCIA NAME NAME STREET ADDRESS 4312 MARCOTT CIRCLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY+ST-ZIP TITLE Derete TITLE Change Addition NAME NAME U00000822208 STREET ADDRESS STREET ADDRESS 02/19/08-80058-001 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE. TITLE Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P ☐ Deiele TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08

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