


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90191 015 ***150.00

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|---|--|--|--|--|--|
| DOCUMENT # P99000003004 1. Entity Name BUSINESS INTERIORS OF TAMPA BAY, INC. | | | |  | |
| Principal Place of Business 4609 RIVERHILLS DR. TAMPA, FL 33617 | | | Mailing Address 4609 RIVERHILLS DR. TAMPA, FL 33617 | | |
| 2. Principal Place of Business 5414 N. 56TH ST | | 3. Mailing Address P.O. Box 291546 | |  07022004 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. SUITE | | Suite, Apt. #, etc. | | | |
| City & State TAMPA, FL | | City & State TAMPA, FL | | | |
| Zip 33610 | | Zip 33687-1546 | | | |
| 4. FEI Number 59-3306843 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRIFFITH, WILLIAM 4609 RIVERHILLS DR. TAMPA, FL 33617 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFITH, WILLIAM 4609 RIVERHILLS DR. TAMPA, FL 33617 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>William Griffith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 07/05/04 811-9854381 <small>Date Daytime Phone #</small> | | |