

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000011094

1. Entity Name

KAREN TAYLOR INTERIORS, INC.



Principal Place of Business

4924 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

Mailing Address

4924 FIRST COAST HWY.
AMELIA ISLAND, FL 32034



07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3563548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TAYLOR, KAREN E
4924 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 | PST |
| NAME | TAYLOR, KAREN E |
| STREET ADDRESS | 4924 FIRST COAST HWY. |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 |
| TITLE | D |
| NAME | TAYLOR, KAREN E |
| STREET ADDRESS | 4656 VILLAGE DRIVE |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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: *Karen E. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

9042722040

Daytime Phone #