

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011094

Entity Name: KAREN TAYLOR INTERIORS, INC.

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

4924 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034

## New Principal Place of Business:

## Current Mailing Address:

4924 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034

## New Mailing Address:

4656 VILLAGE DRIVE  
AMELIA ISLAND, FL 32034

FEI Number: 59-3563548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

TAYLOR, KAREN E  
4656 VILLAGE DRIVE  
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE:

05/04/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: TAYLOR, KAREN E  
Address: 4924 FIRST COAST HWY.  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D ( ) Delete  
Name: TAYLOR, KAREN E  
Address: 4656 VILLAGE DRIVE  
City-St-Zip: AMELIA ISLAND, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: TAYLOR, KAREN E  
Address: 4656 VILLAGE DRIVE  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN E. TAYLOR

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05/04/2009

Electronic Signature of Signing Officer or Director

Date