

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026879

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** NORA L. PRICE ANTIQUES & INTERIORS, INC.

**Current Principal Place of Business:**

2070 MCGREGOR BLVD  
SUITE #5  
FORT MYERS, FL 33901

**New Principal Place of Business:**

6280 TOPAZ COURT  
FORT MYERS, FL 33912

**Current Mailing Address:**

2070 MCGREGOR BLVD  
SUITE #5  
FT MYERS, FL 33901

**New Mailing Address:**

6280 TOPAZ COURT  
FT MYERS, FL 33912

**FEI Number:** 65-0908707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURTY, TIMOTHY J  
1633 PERIWINKLE WAY STE A  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: PRICE, NORA L  
Address: 1229 ALHAMBRA DRIVE  
City-St-Zip: FT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NORA L. PRICE

PRES

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date