


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90144 041 ***150.00

DOCUMENT # P99000069905		
1. Entity Name ROBERTA L. LEMOINE INTERIOR DESIGN, INC.		
Principal Place of Business 830 PINETREE DR. INDIAN HARBOUR BEACH FL 32937		Mailing Address 830 PINETREE DR. INDIAN HARBOUR BEACH FL 32937
2. Principal Place of Business 1402 Highland Ave Suite, Apt. #, etc.	3. Mailing Address 1402 Highland Avenue Suite, Apt. #, etc.	
City & State Melbourne, Florida Zip 32935	City & State Melbourne, Florida Zip 32935	



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3605752		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 SLOAN, EMMY H 446 S. NEPTURNE DR. SATELLITE BEACH FL 32937		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMOINE, ROBERTA L 333 S. PATRICK DR. #30 SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2210 Grand Teton Blvd Melbourne, Florida 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMOINE, NORMAN 333 S. PATRICK DR. #30 SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2210 Grand Teton Blvd Melbourne, Florida 32935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roberta L. Lemoine **ROBERTA LEMOINE, PRES** 4/25/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #