


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000079481	
1. Entity Name ELEGANZA ARCHITECTURAL INTERIORS, INC.	

Principal Place of Business 1015 SE FORT KING ST. OCALA, FL 34471	Mailing Address 1015 SE FORT KING ST. OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3603016	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 ANASASIA, TINA 1015 SE FORT KING ST. OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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: *Tina Anastasia* DATE: 6-21-04

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000168171 07/26/04-80003-002 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANASTASIA, TINA 1015 SE FORT KING ST. OCALA, FL 34471
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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)(f), 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: *Tina Anastasia* Tina M Anastasia 6-22-04 352-620-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #