


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90296 038 ***150.00

DOCUMENT # P99000094378			
1. Entity Name HOUSE OF INTERIORS, INC.			
Principal Place of Business 200 FLORIDA AVE TAVERNIER FL 33070		Mailing Address BOX 1804 TAVERNIER FL 33070	
2. Principal Place of Business 99340 OVERSEAS HWY.		3. Mailing Address P.O. BOX 1804	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY LARGO, FLA		City & State TAVERNIER FLA	
Zip 33037	Country MONROE	Zip 33070	Country MONROE
6. Name and Address of Current Registered Agent KURUTZ, BARBARA 94825 OVERSEAS HIGHWAY KEY LARGO FL 33037		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 <i>Barbara Martinez-Kurutz</i> INTERIOR DECORATOR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) BARBARA MARTINEZ-KURUTZ DATE 3/13/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KURUTZ, BARBARA 94825 OVERSEAS HIGHWAY KEY LARGO FL 33037	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
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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)(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: <i>Barbara Martinez-Kurutz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 3/13/04 Daytime Phone # 305-451-9696	

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MOORE CR2E034 (11/03)