

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000094378

1. Entity Name

HOUSE OF INTERIORS, INC.



Principal Place of Business
99340 OVERSEAS HWY.
KEY LARGO FL 33037

Mailing Address
PO BOX 1804
TAVERNIER FL 33070



2. Principal Place of Business

99340 OVERSEAS HWY.

3. Mailing Address

BOX 184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Key Largo

City & State

TAVERNIER FL

4. FEI Number

65-0965237

Applied For

Not Applicable

Zip

FL

Country

33037

Zip

33070

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

INCORRECT

000000575208
08/24/06-80005-010 150.00

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KURUTZ, BARBARA
STREET ADDRESS 94825 OVERSEAS HIGHWAY
CITY - ST - ZIP KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/06

Date

305-451-9646

Daytime Phone #