

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90311 001 \*\*\*150.00

**DOCUMENT # S21073**

1. Entity Name

INTERIORS BY SHARON RAE, INC.



Principal Place of Business

6051 FAIRWAY CT.  
NAPLES FL 34110  
US

Mailing Address

6051 FAIRWAY CT.  
NAPLES FL 34110  
US

2. Principal Place of Business

1368 MAYESVILLE WAY  
Suite, Apt. #, etc.

3. Mailing Address

1368 MAYESVILLE WAY  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

THE VILLAGES, FL.

City & State

THE VILLAGES, FL

4. FEI Number

36-3750221

Applied For

Not Applicable

Zip

32162

Country

USA

Zip

32162

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAE-HOLZ, SHARON S  
6051 FAIRWAY CT.  
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1368 MAYESVILLE WAY

City

THE VILLAGES

FL

Zip Code

32162

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME RAE-HOLZ, SHARON S  
STREET ADDRESS 6051 FAIRWAY COURT  
CITY-ST-ZIP NAPLES FL 34110

TITLE VS ☐ Delete  
NAME WAYNE, HOLZ R  
STREET ADDRESS 6051 FAIRWAY COURT  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

Daytime Phone #

*Sharon J Rae-Holz*

4-20-06

352-430-1208