

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # V05231

1. Entity Name

MARC-MICHAELS INTERIOR DESIGN, INC.



Principal Place of Business

720 MORSE BLVD

WINTER PARK, FL 32789 US

Mailing Address

720 MORSE BLVD

WINTER PARK, FL 32789 US

DO NOT WRITE IN THIS SPACE



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0306161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WWW, INC
390 N. ORANGE AVE.
SUITE 1500
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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!!!

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
ABBOTT, MICHAEL
720 W. MORSE BLVD
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
THEE, S. MARK
720 W. MORSE BLVD
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HURT, ANDREA
720 W. MORSE BLVD
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000806480
02/05/08-80044-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #