2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## ANNUAL REPORT (AR). FILED DOCUMENT # M66669 Mar 31, 2005 08:00 AM 1. Entity Name **Secretary of State** IAN'S INTERIORS, INC. Principal Place of Business Mailing Address 5801 PELICAN BAY BLVD STE 300 5801 PELICAN BAY BLVD STE 300 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0029637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, GARY K. Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD **STE 300** NAPLES FL 34108 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. INTE DP ☐ Delete TITLE Change ☐ Addition NAME GARLAND, CEDELL THOMAS NAME STREET ADDRESS 2600 GARLAND RD STREET ADDRESS CITY-ST-ZIP NAPLES FL 34117-CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME U00000282199 03/31/05-80033-011 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section † 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is trige 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 fuster employed 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 affacting the tight an address, with all other like ampowered.

ED OR PRINTED NAME OF SIGNING OFFIC