


**2004-FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J56658</b> 1. Entity Name INTERIORS BY DUPREZ, INC.	
---	---

Principal Place of Business 10930 US HIGHWAY 1 NORTH SAINT AUGUSTINE, FL 32095 US	Mailing Address 10930 US HIGHWAY 1 NORTH SUITE 5 SAINT AUGUSTINE, FL 32095 US
---	--

**DO NOT WRITE IN THIS SPACE**



02262004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2815382	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, LOUIE E. III 193 SOUTH ROSCOE BLVD. PONTE VEDRA BCH., FL 32082	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

**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.

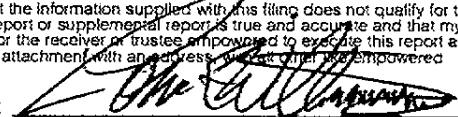
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	U000000089794 03/16/04-80003-010 150.00
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LOUIE E., III 193 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**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 that I am empowered.

<b>SIGNATURE:</b> 	Date 3-01-04	Daytime Phone # (904) 810-2225
---	-----------------	-----------------------------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR