


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J56658**  
1. Entity Name  
INTERIORS BY DUPREZ, INC.



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



01112005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2815382</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
WILLIAMS, LOUIE E. III  
193 SOUTH ROSCOE BLVD.  
PONTE VEDRA BCH., FL 32082

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

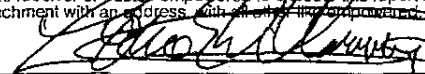
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LOUIE E., III 193 S. ROSCOE BLVD. PONTE VEDRA BEACH, FL
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01/26/05-80027-007 150.00

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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, with direct filing empowerment.

**SIGNATURE:**  **Louie E. Williams, III**    1-24-05 (904) 810-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #