


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State


DOCUMENT # P01000039690

1. Entity Name
CAPITAL BUSINESS INTERIORS, INC.



Principal Place of Business 132-1 HAMILTON PARK DRIVE TALLAHASSEE, FL 32304 US	Mailing Address 132-1 HAMILTON PARK DRIVE TALLAHASSEE, FL 32304 US
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3714891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALTER, DONNA V
411 SW 117TH ST
GAINESVILLE, FL 32607**

**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, 2004 Fee will be \$550.00**

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

U00000088462
03/15/04-80052-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALTER, DONNA VICKI 411 S W 117TH STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC SALTER, HELEN D 2345 N WATERSEDGE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SALTER, DAVID P 411 SW 117TH STREET GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SALTER, WILLIAM E JR 2345 N WATERSEDGE DRIVE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLINGSWORTH, HANK D 8109 PRESERVATION RD TALLAHASSEE, FL 32312
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)(f), 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: Donna V. Salter 3/4/04 850383-4225

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