

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039690

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** CAPITAL BUSINESS INTERIORS, INC.

**Current Principal Place of Business:**

132-1 HAMILTON PARK DRIVE  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

132-1 HAMILTON PARK DRIVE  
TALLAHASSEE, FL 32304 US

**New Mailing Address:**

**FEI Number:** 59-3714891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SALTER, DONNA VICKI  
Address: 411 S W 117TH STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: VC  
Name: SALTER, HELEN D  
Address: 2345 N WATERSEEDGE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S  
Name: SALTER, DAVID P  
Address: 411 SW 117TH STREET  
City-St-Zip: GAINESVILLE, FL 32607

Title: T  
Name: SALTER, WILLIAM E JR  
Address: 2345 N WATERSEEDGE DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP  
Name: LUNDE, JAMIE L  
Address: 1505 FORT CLARKE BOULEVARD 2-101  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA VICKI SALTER

P

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date