

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90084 018 ***150.00

DOCUMENT # P02000062566 1. Entity Name INTERIORS UNLIMITED OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1133 BAL HARBOR BLVD 321 STE 1139 PUNTA GORDA, FL 33950-6574			Mailing Address 1133 BAL HARBOR BLVD 321 STE 1139 PUNTA GORDA, FL 33950-6574		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2371381	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDOLPH, MICHAEL D ESQ 1819 JACKSON ST FT MYERS, FL 33901				7. Name and Address of New Registered Agent Name David Hopkins Street Address (P.O. Box Number is Not Acceptable) 1133 Bal Harbor Blvd City Punta Gorda FL 33950	
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 <u><i>David Hopkins PRES.</i></u> (NOTE: Registered Agent signature required when reappointing) DATE <u>4-13-07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPKINS, DAVID ☐ Delete 1133 BAL HARBOR BLVD 321 STE 1139 PUNTA GORDA, FL 339506574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOPKINS, ANN M ☐ Delete 1133 BAL HARBOR BLVD 321 STE 1139 PUNTA GORDA, FL 339506574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOPKINS, JASON M ☐ Delete 1133 BAL HARBOR BLVD 321 STE 1139 PUNTA GORDA, FL 339506574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David Hopkins</i></u> DAVID HOPKINS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-13-07</u> 941-916-1133 Daytime Phone #		