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	Mailing Address
132-1 HAMILTON PARK DRIVE TALLAHASSEE, FL 32304 US	132-1 HAMILTON PARK DRIVE TALLAHASSEE, FL 32304 US

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 ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	SALTER, DONNA VICKI
STREET ADDRESS	411 S W 117TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	VC
NAME	SALTER, HELEN D
STREET ADDRESS	2345 N WATERSEDGE DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	S
NAME	SALTER, DAVID P
STREET ADDRESS	411 SW 117TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	T
NAME	SALTER, WILLIAM E JR
STREET ADDRESS	2345 N WATERSEDGE DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	HOLLINGSWORTH, HANK D
STREET ADDRESS	8109 PRESERVATION RD
CITY-ST-ZIP	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)(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 all other like empowered.

SIGNATURE: Donna Vicki Salter 3/4/04 850383-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #