

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90847 041 ***150.00

DOCUMENT # 306192

1. Entity Name
ALL-INTERIOR SUPPLY OF TAMPA BAY, INC.



Principal Place of Business
**125 SOUTH FRANKLIN ST
CHICAGO, IL 60606 US**

Mailing Address
**125 SOUTH FRANKLIN ST
CHICAGO, IL 60606 US**

90055000



2. Principal Place of Business - No P.O. Box #
6969 W. 20TH AVE

3. Mailing Address
6969 W. 20TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State
HALEAH, FL

City & State
HALEAH, FL

4. FEI Number
59-1145837

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
HERNANDEZ, JOHN J
6969 WEST 20TH AVENUE
HALEAH, FL 33014** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PETRICONE, JULIE
6969 W. 20 AVENUE
HALEAH, FL 33014** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
BRENDAN J. DEELY
550 W. ADAMS
CHICAGO, IL 60661** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
JOHN W. CAIN
550 W ADAMS
CHICAGO, IL 60661** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JOHN J. HERNANDEZ
6969 W. 20TH AVE
HALEAH, FL 33014** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T
KAREN L. LEETS
6969 W. 20TH AVE
CHICAGO, IL 60661** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RICHARD H. FLEMING
550 W. ADAMS
CHICAGO, IL 60661** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
JOSEPH W. HOLMES
550 W. ADAMS
CHICAGO, IL 60661** ☐ 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:

John Hernandez, Gen. Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-07

205-821-8000

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TITLE PD
NAME HERNANDEZ, JOHN J
STREET ADDRESS 6969 WEST 20TH AVENUE
CITY - ST - ZIP HIALEAH, FL 33014 ☒ Delete

TITLE S
NAME PETRICONE, JULIE
STREET ADDRESS 6969 W. 20 AVENUE
CITY - ST - ZIP HIALEAH, FL 33014 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME MARK A. HICKMAN
STREET ADDRESS 550 W. ADAMS
CITY - ST - ZIP CHICAGO, IL 60661 ☐ Change ☒ Addition

TITLE V
NAME KEVIN CORRIGAN
STREET ADDRESS 550 W. ADAMS
CITY - ST - ZIP CHICAGO, IL 60661 ☐ Change ☒ Addition

TITLE S
NAME SUZANNE K. TORREY
STREET ADDRESS 550 W. ADAMS
CITY - ST - ZIP CHICAGO, IL 60661 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #