


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State


DOCUMENT # 501486
 1. Entity Name
 ANNABELLE'S INTERIORS, INC.



Principal Place of Business
 46 COLLEGE DRIVE
 ORANGE PARK, FL 32065

Mailing Address
 46 COLLEGE DRIVE
 ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1645089	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

HAMACHEK, DONALD D SR.
 46 COLLEGE DRIVE
 ORANGE PARK, FL 32065

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT HAMACHEK, ANNABELLE 46 STATE RD. 224 ORANGE PARK FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMACHEK, ANNABELLE 46 STATE RD 224 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMACHEK, DONALD D SR 46 COLLEGE DRIVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000931098
 05/22/08-80001-010 150.00

U00000935167
 05/20/08-80020-011 138.75

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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: *Annabelle E. Hamacheck* **DATE:** 4/24/08 **DAYTIME PHONE #:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR