

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501486

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: ANNABELLE'S INTERIORS, INC.

**Current Principal Place of Business:**

46 COLLEGE DRIVE  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

46 COLLEGE DRIVE  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 59-1645089      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVT ( ) Delete  
Name: HAMACHEK, ANNABELLE,  
Address: 46 STATE RD. 224  
City-St-Zip: ORANGE PARK FL,

Title: D ( ) Delete  
Name: HAMACHEK, ANNABELLE,  
Address: 46 STATE RD 224  
City-St-Zip: ORANGE PARK, FL

Title: SD ( ) Delete  
Name: HAMACHEK, DONALD D SR  
Address: 46 COLLEGE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HAMACHEK, DONALD D SR  
Address: 46 COLLEGE DRIVE  
City-St-Zip: ORANGE PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNABELLE E. HAMACHEK

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date