

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 582013

1. Entity Name
INTERIOR CREATIONS, INC.



Principal Place of Business
8680 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

Mailing Address
8680 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 20 PM 12:46



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1801881

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOTTLER JR., RICHARD H
8680 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

**DO NOT WRITE
IN THIS SPACE**

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, 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 DP
NAME STOTTLER, JR, RICHARD H
STREET ADDRESS 8680 N. ATLANTIC AVENUE
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE DV
NAME DEEVERS, J C
STREET ADDRESS 8680 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900130740509
06/04/08--01034--006 **1350.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

321-783-1320

Daytime Phone #