

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90187 033 ***150.00

DOCUMENT # 677180

1. Entity Name
GINNY STINE INTERIORS, INC.



Principal Place of Business

1936 SAN MARCO BLVD.
C/O GINNY S. ROMANO
JACKSONVILLE, FL 32207 US

Mailing Address

1936 SAN MARCO BLVD.
C/O GINNY S. ROMANO
JACKSONVILLE, FL 32207 US



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2020443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STINE-ROMANO, GINNY
1936 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

**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 rechartering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STINE-ROMANO, GINNY
STREET ADDRESS 1936 SAN MARCO BLVD.
CITY - ST - ZIP JACKSONVILLE, FL

TITLE S
NAME HIGGS, CAROLYN K.
STREET ADDRESS 968 GLYNLEA RD
CITY - ST - ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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: Ginny Stine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2006 904-396-3714