

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F50642

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** COMMERCIAL INTERIORS OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

4501 IRVINGTON AVENUE  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4501 IRVINGTON AVENUE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 59-2153732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOFFMAN, DAREN J  
4501 IRVINGTON AVE  
JACKSONVILLE, FL 32210 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: SHIRLEY, JAMES E  
Address: 4501 IRVINGTON AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: VPST  
Name: BROWN, SUSAN KOEHLER  
Address: 4692 KNOTTINGHAM RD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: P  
Name: HOFFMAN, DAREN  
Address: 1708 GERADINE DRIVE  
City-St-Zip: JACKSONVILLE, FL

I hereby 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 all other like empowered.

SIGNATURE: DAREN HOFFMAN

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date