

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # H21064	
1. Entity Name INTERIOR PLANTS INTERNATIONAL, INC.	
Principal Place of Business 11717 SW ARCHER RD GAINESVILLE, FL 32608	Mailing Address 11717 SW ARCHER RD GAINESVILLE, FL 32608



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2450990	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, NICHOLAS C.
11625 S.W. ARCHER RD.
GAINESVILLE, FL 32608-5731

**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: <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000804984 02/05/08-80090-020 158.75
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10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	COOPER, TAMMY W.
STREET ADDRESS	11701 SW ARCHER RD
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	V
NAME	WEST, JOHN C. III
STREET ADDRESS	11711 SW ARCHER RD
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	P
NAME	WEST, NICHOLAS C.
STREET ADDRESS	11625 SW ARCHER RD
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMMY WEST COOPER

Date

1/28/08

Daytime Phone #

352-495-9858