

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # J49029 1. Entity Name TIPTON INTERIORS CONTRACTING, INC.	
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Principal Place of Business 3940 SOUTHEAST 45TH COURT OCALA, FL 34480	Mailing Address P.O. BOX 830730 OCALA, FL 34483-0730
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2742138	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TIPTON, JERRY W 3940 SOUTHEAST 45TH COURT OCALA, FL 34480

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable.

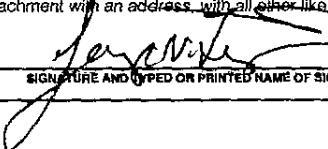
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIPTON, JERRY WAYNE P.O. BOX 830730 OCALA, FL 344830730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLANE, LISA TIPTON 4451 SE 145TH ST SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMLAND, SHERRI T P.O. BOX 681 OCKLAWAHA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVERT, RENNA TIPTON 4449 SE 145TH ST SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80008-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jerry W. Tipton** **4-21-05** **(352) 629-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #