## **2007 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Mar 21, 2007 08:00 AM **DOCUMENT # J49029 Secretary of State** TIPTON INTERIORS CONTRACTING, INC. Principal Place of Business Mailing Address 3940 SOUTHEAST 45TH COURT P.O. BOX 830730 OCALA, FL 34480 OCALA, FL 34483-0730 CR2E034 (11/05) 03202007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2742138 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TIPTON, JERRY W DO NOT WRITE 3940 SOUTHEAST 45TH COURT OCALA, FL 34480 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE TIPTON, JERRY WAYNE NAME STREET ADDRESS P.O. BOX 830730 CITY-ST-ZIP OCALA, FL 344830730 TITLE U00000674545 03/23/07-80075-002 150.00 MCCLANE, LISA TIPTON STREET ADDRESS 4451 SE 145TH ST CITY-ST-ZIP SUMMERFIELD, FL TITLE UMLAND, SHERRI T NAME STREET ADDRESS P.O. BOX 681 OCKLAWAHA, FL CHY-ST-7IP

Applied For

Not Applicable

## 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.

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TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

LEVERT, RENNA TIPTON

4449 SE 145TH ST

SUMMERFIELD, FL

>Jerry W. Tipton

(352)629-3300