


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # J51746
1. Entity Name
DUN-RITE INTERIORS, INC.



Principal Place of Business: **C/O CORINNE PURISH RIGO
6400 RIDGE RD.
PORT RICHEY FL 34668**


Mailing Address: **C/O CORINNE PURISH RIGO
6400 RIDGE RD.
PORT RICHEY FL 34668**

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent

**PURISH RIGO, CORINNE
6400 RIDGE RD.
PORT RICHEY FL 34668**



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2848706** Applied For Not Applicab

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PURISH RIGO, CORINNE 8620 SKYMASTER DR NEW PORT RICHEY FL 34654	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000729749 05/08/07-80052-021 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Corinne Purish Rigo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____