

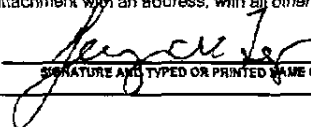


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # J60723			
1. Entity Name TIPTON INTERIORS CONTRACTING OF NORTH FLORIDA, INC.			
Principal Place of Business 8629 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256		Mailing Address PO BOX 830730 OCALA, FL 34483-0730	
DO NOT WRITE IN THIS SPACE			
		 04052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2811159	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIPTON, JERRY W 3940 SOUTHEAST 45TH COURT OCALA, FL 34480		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000496419 04/22/06-80008-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIPTON, JERRY WAYNE PO BOX 830730 OCALA, FL 344830730		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLANE, LISA TIPTON 4451 S.E. 145TH ST. SUMMERFIELD, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMLAND, SHERRI TIPTON PO BOX 691 OKLAWAHA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVERT, RENNA TIPTON 4449 S.E. 145TH ST. SUMMERFIELD, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE:  Jerry W. Tipton, President		4-5-06	(352) 629-3300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>