# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L31395

1. Entity Name
CONTEMPORARY INTERIORS, INC.

Principal Place of Business
2626 NW 35TH STREET
OCALA, FL 34475-3342 US

Mailing Address
2626 NW 35TH STREET
OCALA, FL 34475-3342 US

04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-2979654
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JAMES B
2626 NW 35 ST
OCALA, FL 34475

**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, 2007 Fee will be $550.00**

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

U00000753224
05/22/07-80012-010 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | SILK, DAVID L. |
| STREET ADDRESS | 8550 NW 136TH AVE RD |
| CITY-ST-ZIP | OCALA, FL |
| TITLE | VD |
| NAME | ANDERSON, RYAN W |
| STREET ADDRESS | 3675 SE 38TH TERR |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | VD |
| NAME | ANDERSON, JAMES B. |
| STREET ADDRESS | 2798 SE 41ST PL |
| CITY-ST-ZIP | OCALA, FL |
| TITLE | STD |
| NAME | ANDERSON, JAMES B |
| STREET ADDRESS | 2798 SE 41ST PL |
| CITY-ST-ZIP | OCALA, FL 34480 |
| 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 like empowered.

**SIGNATURE:** _____ 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #