2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # L45983 1. Entity Name BUILDERS INTERIOR FURNITURE, INC.							04-13-2	006 90272	2 048 ***1	150.00
Principal Place	e of Rusiness	Mailing Address							•	
Principal Place of Business 2100 CORTEZ RD W 4501 SOUTH TAMIAMI TRAIL BRADENTON, FL 34207 US SARASOTA, FL 34231 U										NIES II 1891
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092006	Chg-P	CR2E	034 (11/05)	
City & State		City & State				4. FEI Number 65-0164447			<u> </u>	optied For ot Applicable
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired	1 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			Ė,	7. Name and	Address of Nev	v Registered	Agent	
SMITH, JEFFREY J.				Name						
4501 SOU	TH TAMIAMI TRAIL			Street Add	treet Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FL 34231				ŀ						
 				City				FI	Zip Cod	ė
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or re	egistere	d agent, or bo	th, in the State of	Florida. I am	familiar with,	and accept
0.00.47.005										•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature	required w	hen reinstating)		DATE		
FIL	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa	ign Finar	ncing		0 May Be		DATE		
FIL	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con	ign Finar	ncing		IO May Be d to Fees	/CHANGES TO C		D DIRECTOR	S IN 11
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12. Thereby certify that the information supplied with this filling 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 addless, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Jeffrey J Smith

1-16-06941-753-711

Daytime F