

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47929

FILED
Mar 20, 2009
Secretary of State

Entity Name: LIBRARY INTERIORS OF FLORIDA, INC.

Current Principal Place of Business:

7345 W. SANDLAKE ROAD
SUITE 217
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

2801 DIVISION ST
METAIRIE, LA 70002 US

New Mailing Address:

FEI Number: 58-1877256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EKBLAD, HOWARD J
764 EDISON RD
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EKBLAD, HOWARD J.,
Address: 764 EDISON RD
City-St-Zip: AUBURNDALE, FL

Title: PST () Delete
Name: EKBLAD, HOWARD J.,
Address: 764 EDISON DR
City-St-Zip: AUBURNDALE, FL

Title: D () Delete
Name: EKBLAD, CARL B
Address: 2801 DIVISION STREET
City-St-Zip: METAIRIE, LA 70002

Title: V () Delete
Name: HUNT, JEFF
Address: 18302 HIGHWOODS PRESERVE PKWY, SUITE 330
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: GRANT, ROBERT S
Address: 20685 NW 26TH COURT
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: SIENKIEWICZ, JENNIFER L
Address: 5007 CASPIAN COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD J. EKBLAD

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date