

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L50332	
1. Entity Name SOUTHERN INTERIORS OF CENTRAL FLORIDA, INC.	

Principal Place of Business P.O. BOX 65 AUBURNDALE, FL 33823	Mailing Address P.O. BOX 65 AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2991615	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIVEY, JIM C. 522 HWY 92 P.O. BOX 65 AUBURNDALE, FL 33823	DO NOT WRITE IN THIS SPACE
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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.

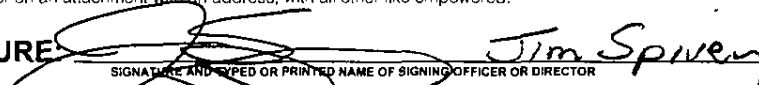
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000585807 01/16/07-80027-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIVEY, JAMES C 522 MAGNOLIA AVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPIVEY, LINDA G. 500 MAGNOLIA AVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPIVEY, JAMES M 6400 BELLO ROBLE DR AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPIVEY, RODNEY S 2124 N LAKE ELOISE DR AUBURNDALE, FL 33823
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/2/07 Date	863/967-8527 Daytime Phone #
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