


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90009 004 ***150.00

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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State
 Zip Country

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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPIVEY, JAMES C	
STREET ADDRESS	522 MAGNOLIA AVE	
CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPIVEY, LINDA G.	
STREET ADDRESS	500 MAGNOLIA AVE	
CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIVEY, JAMES M	
STREET ADDRESS	6400 BELLO ROBLE DR	
CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPIVEY, RODNEY S	
STREET ADDRESS	2124 N LAKE ELOISE DR	
CITY-ST-ZIP	AUBURNDALE, FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **James M. Spivey** **2/21/08** **863/967-8527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #