2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L50332

Entity Name: SOUTHERN INTERIORS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 65
AUBURNDALE, FL 33823

New Principal Place of Business:

522 MAGNOLIA AVE
AUBURNDALE, FL 33823

Current Mailing Address:

P.O. BOX 65
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2991615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIVEY, JIM C.
522 HWY 92
P.O. BOX 65
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

SPIVEY, JAMES C
522 MAGNOLIA AVE
AUBURNDALE, FL 33823 US

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: JAMES C. SPIVEY 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPIVEY, JAMES C
Address: 522 MAGNOLIA AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: ST ( ) Delete
Name: SPIVEY, LINDA G.
Address: 500 MAGNOLIA AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: VP ( ) Delete
Name: SPIVEY, JAMES M
Address: 6400 BELLO ROBLE DR
City-St-Zip: AUBURNDALE, FL 33823

Title: VP ( ) Delete
Name: SPIVEY, RODNEY S
Address: 2124 N LAKE ELOISE DR
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: SPIVEY, JAMES M
Address: 530 HILLSIDE DRIVE
City-St-Zip: AUBURNDALE, FL 33823

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: JAMES C. SPIVEY P 04/21/2009
Electronic Signature of Signing Officer or Director Date