2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05149

1. Entity Name

INTERIOR ELECTRIC, INC.



Principal Place of Business

Mailing Address

JHONSON, DON W 5635 SW 164 TERR

SOUTHWEST RANCHES, FL 33331 U

JHONSON, DON W 5635 SW 164 TERR

SOUTHWEST RANCHES, FL 33331 U

FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90028 047 ***150.00

40070178



04022008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2452349

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional __

6. Name and Address of Current Registered Agent

JHONSON, DON W 5635 SW 164 TERR SOUTHWEST RANCHES, FL 33331

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the puions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered /	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	<u> </u>
10. OFFICERS AND DIRECTORS					
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	PST JHONSON, DON W 5635 SW 164 TERR SW RANCHES, FL 33331				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		°asi —aage——————————————————————————————————	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				· ,	

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 of 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:

NONATURE AND TYPED OR BUNTED NAME OF SIGNING OFFICER OR DIRECTO

9548854W