

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # M32170

1. Entity Name
INTERIOR DIMENSIONS OF SOUTH FLORIDA, INC.



Principal Place of Business

3324 W UNIVERSITY AVE.
#231
GAINESVILLE, FL 32607

Mailing Address

3324 W UNIVERSITY AVE.
#231
GAINESVILLE, FL 32607



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2693896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, RICHARD
3324 W UNIVERSITY AVE #231
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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

000000749511
05/18/07-90022-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PVS
NAME FEINSTEIN, RICHARD
STREET ADDRESS 3324 W UNIVERSITY AVE #231
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE TD
NAME FEINSTEIN, RICHARD
STREET ADDRESS 3324 W UNIVERSITY AVE #231
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/16/07

Daytime Phone # _____