

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # M64057

1. Entity Name
OEC BUSINESS INTERIORS, INC.



Principal Place of Business
1601 NW 80TH BLVD
GAINESVILLE, FL 32606 US

Mailing Address
1601 NW 80TH BLVD
GAINESVILLE, FL 32606 US



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2866517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SALTER, WILLIAM E JR
2345 N WATERSEDGE DRIVE
CRYSTAL RIVER, FL 34429

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SALTER, WILLIAM E., JR.
STREET ADDRESS	2345 N WATERSEDGE DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429

TITLE	VP
NAME	SALTER, DAVID P.
STREET ADDRESS	411 SW 117TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	T
NAME	SALTER, HELEN
STREET ADDRESS	2345 N WATERSEDGE DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 32608

TITLE	S
NAME	SALTER, VICKI
STREET ADDRESS	411 SW 117TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80115-021 150.00

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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: David P. Salter, Vice President 04-30-06 352-332-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #