## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84759

Entity Name: D.T.S. COMMERCIAL INTERIORS, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2034 HARVARD ST 718 SIESTA KEY CIRCLE SARASOTA, FL 34237 US SARASOTA, FL 34242 US

Current Mailing Address: New Mailing Address:

2034 HARVARD ST PO BOX 3078

SARASOTA, FL 34237 US SARASOTA, FL 34230 US

FEI Number: 65-0068199 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DARNELL, ROBERT W
2033 MAIN ST 400
SARASOTA, FL 34237 US
DARNELL, ROBERT W
1820 RINGLING BLVD
SARASOTA, FL 34236-591 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: 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

City-St-Zip:

Title: PD (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition KOFLER, CHRISTIAN C.

2034 HARVARD STREET Address: 718 SIESTA KEY CIRCLE SARASOTA, FL 34237 City-St-Zip: SARASOTA, FL 34242 US

Title: VST () Delete Title: VST (X) Change () Addition Name: KOFLER, CAROLYN Name: KOFLER, CAROLYN A

Name:KOFLER, CAROLYN AAddress:2034 HARVARD STREETAddress:718 SIESTA KEY CIRCLECity-St-Zip:SARASOTA, FL 34237City-St-Zip:SARASOTA, FL 34242 US

Title: D (X) Delete Title: ( ) Change ( ) Addition Name: KOFLER, CAROLYN Name:

 Name:
 KOFLER, CAROLYN
 Name:

 Address:
 4420 INDEPENDENCE CT
 Address:

 City-St-Zip:
 SARASOTA, FL
 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: CHRISTIAN C KOFLER PD 05/01/2009