

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000067432**

1. Entity Name  
**SOUTHERN COMFORT INTERIORS, ANTIQUES & GIFTS, INC.**



**FILED  
Jul 05, 2005 08:00 AM  
Secretary of State**

Principal Place of Business  
**50 W PLANT STREET  
WINTER GARDEN, FL 34787**

Mailing Address  
**50 W PLANT STREET  
WINTER GARDEN, FL 34787**



**DO NOT WRITE IN THIS SPACE**

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3663954**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLINE, JAMES S  
536 W 2ND AVE  
WINDERMERE, FL 34786**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, JAMES S 536 W 2ND AVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLINE, KIM R 536 W 2ND AVE WINDERMERE, FL 34786
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	

U00000370656  
07/05/05-80024-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Kim Cline* **Kim CLINE**

**6/29/05 407-656-389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #