




**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 050 ***150.00

DOCUMENT # P01000007854		
1. Entity Name LONGO INTERIORS, INC.		
Principal Place of Business 6001 TAYLOR ROAD NAPLES, FL 34109		Mailing Address 6001 TAYLOR ROAD NAPLES, FL 34109
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOOD, DOUGLAS A ESQ SIESKY-PILON & WOOD 1000 NORTH TAMiami TRAIL STE 201 NAPLES, FL 34102		40047701  02122008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3691834 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, MICHELE 3480 17TH AVE SW NAPLES, FL 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, DINO 3480 17TH AVE SW NAPLES, FL 34117	
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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		2/13/08 239-289-9101 Date Daytime Phone