2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000039404

1. Entity Name
ALDERMAN INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223	11906 CLEARWATER OAKS DRIVE WEST JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

01212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3718777	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALDERMAN, ERIN
11906 CLEARWATER OAKS DRIVE WEST
JACKSONVILLE, FL 32223

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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	P
NAME	ALDERMAN, ERIN
STREET ADDRESS	11906 CLEARWATER OAKS DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VT
NAME	ALDERMAN, ROBERT
STREET ADDRESS	11906 CLEARWATER OAKS DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	S
NAME	CIRIELLO, NADA
STREET ADDRESS	815 LA SALLE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/06-80022-021 150.00

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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: ✓ *Erin Alderman*   ✓ 1-24-06   ✓ (904) 881-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #