

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90035 019 ***150.00

DOCUMENT # P01000054546



1. Entity Name
SAN CARLOS INTERIORS, INC.

Principal Place of Business
**18911-18 SOUTH TAMIAMI TRAIL
SAN CARLOS PLAZA
FORT MYERS, FL 33908**

Mailing Address
**18911-18 SOUTH TAMIAMI TRAIL
SAN CARLOS PLAZA
FORT MYERS, FL 33908**

40067328



2. Principal Place of Business - No P.O. Box #

18911-9 South Tamiami Trail
Suite, Apt., etc.
San Carlos Plaza

3. Mailing Address

Suite, Apt., etc.

04072008

Chg-P

CR2E034 (12/06)

City & State
Fort Myers, FL 33908

City & State

4. FEI Number
65-1110705

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**COWLISHAW, ODILE
18911 SOUTH TAMIAMI TRAIL
SAN CARLOS PLAZA
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Odile S. Cowlishaw

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COWLISHAW, ODILE**
STREET ADDRESS **18911 SOUTH TAMIAMI TR**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Odile S. Cowlishaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #