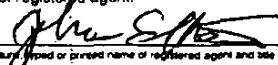


FILED
May 22, 2008 8:00 am
Secretary of State

04-22-2008 90020 044 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000088446		
1. Entity Name INTERFACE MANAGEMENT, INC.		
Principal Place of Business 1426 GULF TO BAY STE E CLEARWATER, FL 33755		Mailing Address 1426 GULF TO BAY STE E CLEARWATER, FL 33755
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTHOLOMEW, JOHN 1426 GULF TO BAY BLVD STE E CLEARWATER, FL 33755		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: <u></u> DATE: <u>4/03/08</u> Signature: Printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		
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	PSTD	
NAME	BARTHOLOMEW, JOHN E	
STREET ADDRESS	1426 GULF TO BAY BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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: <u></u> Date: _____ Daytime Phone: _____ SIGNATURE: PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66011382



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3742862

Applied For
Not Applicable

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