


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90098 011 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P02000000264 1. Entity Name GAIL STEDRONSKY INTERIORS, INC. | | | |  | |
| Principal Place of Business 317 NORTH PHELPS AVE. WINTER PARK, FL 32789 | | | Mailing Address 317 NORTH PHELPS AVE. WINTER PARK, FL 32789 | | |
| 2. Principal Place of Business - No P.O. Box # 1165 WOODMERE DRIVE | | 3. Mailing Address 1165 WOODMERE DRIVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State WINTER PARK, FL | | City & State WINTER PARK, FL | | 4. FEI Number 01-0701146 | |
| Zip 32789 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STEDRONSKY, GAIL 317 NORTH PHELPS AVE. WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name GAIL STEDRONSKY BOVE Street Address (P.O. Box Number is Not Acceptable) 1165 WOODMERE DRIVE City WINTER PARK FL Zip Code 32789 | | |
| 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><i>Gail Stedronsky Bove</i></u> GAIL STEDRONSKY BOVE 1-5-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO STEDRONSKY, GAIL 317 NORTH PHELPS AVE. WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO BOVE, GAIL STEDRONSKY 1165 WOODMERE DRIVE WINTER PARK, FL 32789 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ↑ name change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u><i>Gail Stedronsky Bove</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-5-2007 407-644-5035 <small>Date Daytime Phone #</small> | | |