## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300066484  1. Entity Name J & F INTERIOR, INC.								07 SEP 17 AM 11: 04				
Principal Place of Business 1030 MILITARY TRAIL JUPITER, FL 33458				Mailing Address 1030 MILITARY TRAIL 113 JUPITER, FL 33458				LUAELNI Y ELAHASSE			<b>1188</b> 1   11   11   11	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					*********							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			09102007	Chg-P	CR2E0	34 (12/06)		
City & State				City & State			4. FEI Numb				oplied For ot Applicable	
Zip	p Country			Zip Cour		try	5. Certificate of Status Desired			8.75 Additional		
6. Name and Address of Current I				tered Agent	7. Name and Address of New Registered Agent Name							
BASS AND SANDFORT ACCOUNTANTS PA 1301 WEST GARDEN ST. PENSACOLA, FL 32501-4504					Street Address (P.O. Box Number is Not Acceptable)							
						City			FL	Zip Cod	<del></del> е	
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												
							5.00 May Be dded to Fees					
10.	*				11.		ADDITIONS	L CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							⊕( 09/28	0 <b>01100</b>  /0701057-	1 <b>632</b> : -026	Change ∰: •*550.0	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						i				Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				□ Delete	•	1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	#	1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				C Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	8	1				☐ Change	Addition / 9/18	
12. Thereby certify that the information supplied with this filling 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: 1 MING JOHNSON 9-14-07  FIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dale  Daytime Phone #												