FILED
Apr 21, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000085820

1. Entity Name
AMY INTERIORS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1225 BENNETT DR STE 105 LONGWOOD, FL 32750	1225 BENNETT DR STE 105 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0851617
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMY, DUANE
640 SAMANTHA LN
LAKE MARY, FL 32746

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100000907741
05/05/08-80050-011 150.00

10.	OFFICERS AND DIRECTORS
TITLE	DPC
NAME	AMY, DUANE
STREET ADDRESS	640 SAMANTHA LN
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	CEO
NAME	AMY, DUANE
STREET ADDRESS	640 SAMANTHA LN
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DV
NAME	AMY, LINDA
STREET ADDRESS	640 SAMANTHA LN
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DT
NAME	ZANFARDINO, PAT
STREET ADDRESS	2028 PALM VIEW DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	DM
NAME	ZANFARDINO, JOANNE
STREET ADDRESS	2028 PALM VIEW DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #