## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P04000019595 INTERIOR CONCEPTS BY JEFF INC. Principal Place of Business Mailing Address 12354 SW 263 TERR 12354 SW 263 TERR NARANJA, FL 33032 NARANJA, FL 33032 04082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0567381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BELLVILLE, JEFFREY A** DO NOT WRITE 12354 SW 263 TERR NARANJA, FL 33032 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME BELLVILLE, JEFFREY A STREET ADDRESS 12354 SW 263 TERR CITY-ST-ZIP NARANJA, FL. 33032 TITLE NAME STREET ADDRESS City-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 of 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 adgress, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP