

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000113820

1. Entity Name  
EXOTIC IMPORTED HARDWOODS, INC.



Principal Place of Business  
PO BOX 1184  
TARPON SPRINGS, FL 34688

Mailing Address  
PO BOX 1184  
TARPON SPRINGS, FL 34688



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1464845

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMIRLIS, MARGUERITE  
1625 NEBRASKA AVE  
PALM HARBOR, FL 34683

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

**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  
NAME  
P  
TSANGARINOS, JOHN T  
STREET ADDRESS  
3484 SNOWY EGRET CT  
CITY-ST-ZIP  
PALM HARBOR, FL 34603

TITLE  
NAME  
VP  
SMIRLIS, MARGUERITE  
STREET ADDRESS  
3484 SNOWY EGRET CT  
CITY-ST-ZIP  
PALM HARBOR, FL 34683

TITLE  
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CITY-ST-ZIP

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05/30/08-80005-004 150.00

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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: *Marguerite Smirlis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Date Daytime Phone #