

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P05000008148**

1. Entity Name

**ABSOLUTE INTERIOR FASHIONS, INC.**



Principal Place of Business

**5829 SW 116TH PLACE ROAD  
OCALA, FL 34476 US**

Mailing Address

**5829 SW 116TH PLACE ROAD  
OCALA, FL 34476 US**

**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number

**20-2206175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**ROGERS, LAWRENCE B  
5829 SW 116TH PLACE ROAD  
OCALA, FL 34476**

**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  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO  
ROGERS, LAWRENCE B  
5829 SW 116TH PLACE ROAD  
OCALA, FL 34476**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ROGERS, CHRISTINE L  
5829 SW 116TH PLACE ROAD  
OCALA, FL 34476**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
PASCAL, MARCOS  
1323 GRAND CLUB BLVD  
FORT PIERCE, FL 34982**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/30/08-80018-003 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #