## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2006 8:00 am Secretary of State 03-06-2006 90022 004 \*\*\*150.00 **DOCUMENT # P05000084498** CAPRI INTERIORS, INC. Principal Place of Business Mailing Address 2727 38TH AVE N 66006356 2727 38TH AVE N ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCENTEGART, BERNARD F Street Address (P.O. Box Number is Not Acceptable) 4815 3RD AVENUE N ST. PETERSBURG, FL 33713 City Zip Code 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. (NOTE: Registered Agen) signature required when renslating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Octate TITLE Change Addition MCENTEGART, MATTHEW HAME STREET ADDRESS 2355 ALSACE TERRACE STREET ADDRESS CITY-ST-ZP ST. PETERSBURG, FL 33714 CITY+ST-7IP THILE ☐ Delete ITILE ■ Addition MCENTEGART, BERNARD F NAME STREET ADDRESS 4815 3RD AVENUE N STREET ADDRESS CITY-ST-ZP ST. PETERSBURG, FL 33713 CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delala ☐ Change ☐ Addition NAME HALLIF STREET ADDRESS STREET ADDRESS City-ST-22 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME MALIE STREET ADDRESS **STREET ADDRESS** CITY-ST-ZP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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:

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2006

CAPRI INTERIORS, INC. 2727 38TH AVE N ST. PETERSBURG, FL 33713

Subject: CAPRI INTERIORS, INC.

Reference Number: P05000084498

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION