2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2007 08:00 AM DOCUMENT # P05000127519 **Secretary of State** WINDOW FASHIONS & INTERIORS, INC. Principal Place of Business Mailing Address 8869 SE 168TH SEDGWICK PLACE THE VILLAGES FL 32162 8869 SE 168TH SEDGWICK PLACE THE VILLAGES FL 32162 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 51-0554422 Not Applicable Ζıp Zip 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 Name SANDFORD, JENNIE L Stroet Address (P.O. Box Number is Not Acceptable) 8869 SE 168TH SEDGWICK PLACE THE VILLAGES FL 32162 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition ☐ Defete TOTE U00000641668 SANDFORD, JENNIE L NAMI NAMI 03/01/07-80009-016 150.00 8869 SE 168TH SEDGWICK PLACE STREET ADDRESS STREET ADDRESS THE VILLAGES FL 32162 CITY-S1-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition SANDFORD, JOHN L. 8869 SE 168TH SEDGWICK PLACE STREET ADORESS STREET ADDRESS THE VILLAGES FL 32162 CITY-ST-7IP CITY-S1-ZIP TITLE Delete HUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete THIE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE HILE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the occeiver or trustate empowered to execute this report sprequired 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.

FILED