



2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/15/2007-90010-050-\$150.00-\$150.00

DOCUMENT # P06000025130 1. Entity Name AMBOR INTERIORS, INC.					
Principal Place of Business 7925 SW 14 STREET OCALA, FL 34474			Mailing Address P.O. BOX 773293 OCALA, FL 34477		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">07 JUN 12 PM 3: 05</div> <div style="font-size: 0.8em;">STATE OF FLORIDA TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em;">40110000</div>  <div style="font-size: 0.8em;">04262007 Chg-P CR2E034 (12/06)</div> <div style="font-size: 0.8em;">4. FEI Number Applied For Not Applicable</div> <div style="font-size: 0.8em;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent SMITH, DAVID C 7925 SW 14 STREET OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>David C. Smith</u> (NOTE: Registered Agent signature required when remaking) <u>Apr-30-07</u> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SMITH, DAVID C 7925 SW 14 STREET OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>David C. Smith</u> <u>David C. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Apr-30-07</u> <u>(352) 854-1684</u> <small>Date Daytime Phone #</small>		