

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072529

FILED
Apr 13, 2009
Secretary of State

Entity Name: COMPLETE FURNITURE & INTERIORS INC

Current Principal Place of Business:

1310 WAR EAGLE BLVD
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1167
TITUSVILLE, FL 327811167 US

New Mailing Address:

FEI Number: 59-3209410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLSON, JOHN M
400 ORANGE STREET
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

RUBIN, SHANNON D
131 HARRISON STREET
TITUSVILLE, FL 32780 US

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.

SIGNATURE: SHANNON D RUBIN

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TREIDER, MITCHELL A
Address: 1310 WAR EAGLE BLVD.
City-St-Zip: TITUSVILLE, FL 32796

Title: V () Delete
Name: KEARNS, CHRIS
Address: 337 ACOCH DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: V () Delete
Name: BENSENGER, CHARLES
Address: 3000 SHADOWS BAY BLVD UNIT 106
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: GONZALEZ, JOSE
Address: 6209 ROYAL TRO STREET
City-St-Zip: ORLANDO, FL 32810

Title: V () Delete
Name: MCROUTY, JOSEPH
Address: 291 SHORT ST
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL A TREIDER

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date