2006 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: LAANY L ZIMMERMAN

FILED May 01, 2006 8:00 am Secretary of State

4/27/06

DOCUMENT # P 930000 73190 1. Entity Name				05-01-2006 90386 020 ***1 50.00		
CONTRACT HOUSE DRAPERIES INC				1		
DO NOT WRITE IN THIS SPACE				40075007		
2. Principal Place of Business 3, Mailing Address				- 10.0	70007	
Suite, Apt. #, etc. SUITE 13 SUITE 13 SUITE 13			DO NOT WRITE IN THIS SPACE		SPACE	
City & State JACK SONVILLE FL JACK SONVI			4. FEI Number Applied For Not Applied For Not Applicable			
Zip 3 ス ス /	Country USA	_Zip C	ountry JSA		e of Status Desired	\$8.75 Additional Fee Required
<u> </u>				7. Name and	Address of Current Registered	
DO NOI WRITE Street Address (1				MERMAN, LANNY L		
				P.O. Box Number is Not Acceptable)		
IN THIS SPACE			SVITE 13			
				(SONVILLE FL 32217		
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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
January 1 - May 1 Fee le \$150 00.						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, Amended U Make Chack Provide			IR is \$61.25	. 1	lection Campaign Financing rust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	Make Check Payable to	Department of ou	210		
TITLE (D TIMMER MAD		TITLE NAME			
STREET ADDRESS	ZIMMERMAN, 1 6593 POWERS AVE JACKSONVILLE P	PHUE SUITE 13	STREET ADDRESS CITY-ST-ZIP		·	
CITY-ST-ZIP TITLE	JACK-CONVILLE F	√ 32217	TITLE			
NAME STREET ADDRESS			NAME STREET ADDRESS		•	
CITY-ST-ZIP			CITY-ST-ZIP		·	
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CITY-SI-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	CITY-ST-7IP			
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TITLE NAME			TITLE NAME			İ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or or an attachment with an address, with all other like empowered.						