2007 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90013 027 ***150.00

DOCUMENT # P93000073190

1. Entity Name

CONTRACT HOUSE DRAPERIES INC

DO NOT WRITE IN THIS SPACE

40114224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6593 POWERS AVENUE	6593 POWERS AVENUE
Suite, Apt. #, etc. SUITE 13	Suite, Apt. #, etc. SUITE 13
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32217 Country USA	Zip 32217 Country USA

4. FEI Number 59-1395938 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ZIMMERMAN LANNY L

Street Address (P.O. Box Number is Not Acceptable) 6593 POWERS AVENUE SUITE 13

City JACKSONVILLE FL Zip Code 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D NAME ZIMMERMAN LANNY L STREET ADDRESS 6593 POWERS AVENUE, STE 13 CITY-ST-ZIP JACKSONVILLE FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 12, if an attachment with an address, with all other like empowered.

SIGNATURE: LANNY L ZIMMERMAN Lanny Zimmerman 4-26-07 (904) 737-9077