## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE

## Apr 21, 2008 08:00 All Secretary of State DOCUMENT # P94000029118 PROFILE INTERIORS, INC. Principal Place of Business Mailing Address PO BOX 600010 445-26 SR 13 JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32260 04212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3242782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEFFIELD, J. HOWARD DO NOT WRITE 6101 GAZEBO PARK PLACE NORTH **SUITE 103** IN THIS SPACE JACKSONVILLE, FL 32257 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! PEE IS \$150.00 Hangga912450 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FURUKAWA, SHELLIE NAME PO BOX 600010 STREET ADDRESS JACKSONVILLE, FL 32260 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP with this\filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ort 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplies

**FILED** 

Davime Phone #