

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000031406**

1. Entity Name  
**MS PROFESSIONAL INTERIORS, INC.**



Principal Place of Business  
**1104 S.W. 127TH STREET  
NEWBERRY, FL 32669-3009 US**

Mailing Address  
**1104 S.W. 127TH STREET  
NEWBERRY, FL 32669-3009 US**



02192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3236894**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARTLEIN, MARGARET A  
1104 SW 127TH ST.  
NEWBERRY, FL 32669-3009**

**DO NOT WRITE  
IN THIS SPACE**

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

*Margaret A. Hartlein* President

*3/19/08*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**000000859334  
04/02/08-80019-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HARTLEIN, MARGARET A
STREET ADDRESS	1104 S.W. 127TH STREET
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	V
NAME	HARTLEIN, JERRY L
STREET ADDRESS	1104 SW 127TH ST.
CITY-ST-ZIP	NEWBERRY, FL 326693009
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**

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:

*Margaret A. Hartlein* President

*3/19/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #