


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000009961	
1. Entity Name CAREFREE INTERIORS INC.	

Principal Place of Business 4730 CALHOUN RD. PLANT CITY, FL 33567	Mailing Address 4730 CALHOUN RD. PLANT CITY, FL 33567
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3296150	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GRUNIG, KAREN L
4730 CALHOUN RD.
PLANT CITY, FL 33567

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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRUNIG, KAREN
STREET ADDRESS	4730 CALHOUN ROAD
CITY - ST - ZIP	PLANT CITY, FL 33567
TITLE	ST
NAME	GRUNIG, GARY
STREET ADDRESS	4730 CALHOUN ROAD
CITY - ST - ZIP	PLANT CITY, FL 33567
TITLE	VP
NAME	MATTHEWS, JENNIFER
STREET ADDRESS	4730 CALHOUN RD.
CITY - ST - ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/06-80076-023 150.00

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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: <i>Karen L. Grunig</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/19/06	Daytime Phone # 813-737-4781
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