


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000035146		
1. Entity Name LIVING INTERIORS OF BAY COUNTY, INC.		
Principal Place of Business 1110 FLORIDA AVE LYNN HAVEN, FL 32444		Mailing Address 1110 FLORIDA AVE LYNN HAVEN, FL 32444
DO NOT WRITE IN THIS SPACE		
		01132007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3318156		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BUNKER, KATHLEEN A 4409 VISTA LN. LYNN HAVEN, FL 32444		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: <u>Kathleen Bunker</u> DATE: <u>1-16-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000000559400 01/18/07-80014-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	BUNKER, KATHLEEN A	
STREET ADDRESS	4409 VISTA LN.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	
NAME	BUNKER, MICHAEL B	
STREET ADDRESS	4409 VISTA LN.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Kathleen Bunker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>Kathleen Bunker</u>		Date: <u>1-16-07</u> Daytime Phone #: <u>850-265-1772</u>