

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000058700

1. Entity Name

INTERIOR SHOWCASE, INC.



Principal Place of Business

9200 NW 39TH AVENUE  
STE 200  
GAINESVILLE, FL 32606

Mailing Address

9200 NW 39TH AVENUE  
STE 200  
GAINESVILLE, FL 32606



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3390174

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WHITERAFT, MELISSA  
4903 NW 78TH AVENUE  
GAINESVILLE, FL 32653

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEES

**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

10. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | PSTD                  |
| NAME           | WHITERAFT, MELISSA    |
| STREET ADDRESS | 4903NW 78TH ROAD      |
| CITY-ST-ZIP    | GAINESVILLE, FL 32653 |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
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| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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**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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 2008 3523713999  
Date Daytime Phone