## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2008 08:00 All Secretary of State DOCUMENT # P97000016111 AFFORDABLE CONSTRUCTION INTERIOR SPECIALIST, INC. Principal Place of Business Mailing Address 7380 ALLEN DRIVE 7380 ALLEN DRIVE HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0764293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, JAMES L DO NOT WRITE 7380 ALLEN DRIVE HOLLYWOOD, FL 33024 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U000000902750 TITLE 04/30/08~80018-015 150.00 JONES, JAMES L NAME STREET ADDRESS 7380 ALLEN DRIVE CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

**FILED** 

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: