

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000026496

1. Entity Name
JSD INTERIORS, INC.



Principal Place of Business Mailing Address

**8601 BOCA GLADES BLVD WEST., STE C
BOCA RATON, FL 33434**

**8601 BOCA GLADES BLVD WEST., STE C
BOCA RATON, FL 33434**

DO NOT WRITE IN THIS SPACE



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0821981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, SCOTT J
8601 BOCA GLADES BLVD WEST., STE C
BOCA RATON, FL 33434**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, SCOTT J
STREET ADDRESS	8601 BOCA GLADES BLVD., W., STE C
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	HEFNER, STEVEN M
STREET ADDRESS	250 ROYAL COURT
CITY-ST-ZIP	DELRAY BEACH, FL 334443
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80066-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/08 54 / 274 431
Date Daytime Phone