▸ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000071094

1. Entity Name
WOODMERE INTERIORS, INC.

Principal Place of Business	Mailing Address
4802 WOODMERE RD TAMPA, FL 33609	4802 WOODMERE RD TAMPA, FL 33609 · US

DO NOT WRITE IN THIS SPACE

04262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3527907	Not Applicable

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

6. Name and Address of Current Registered Agent

FOWER WHITE BOGGS BANKER P.A.
C/O HUNTER J BROWNLEE
501 E KENNEDY BLVD, SUITE 1700
TAMPA, FL 33602

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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 _____

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
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	DPST
NAME	HOUSER, VIRGINIA
STREET ADDRESS	4802 WOODMERE ROAD
CITY-ST-ZIP	TAMPA, FL 33609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000929301
05/21/08-80064-003 150.00

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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: _Virginia Houser_   4-15-08   813-765-2994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #