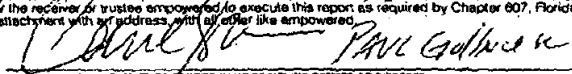


FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90014 047 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000105297		
1. Entity Name INTERIOR ASSOCIATES OF GAINESVILLE, INC.		
Principal Place of Business 3521 SW 42 AVE GAINESVILLE, FL 32608	Mailing Address 3521 SW 42 AVE GAINESVILLE, FL 32608	40040178 
DO NOT WRITE IN THIS SPACE		
02012007 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3611512		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent		
INTERIOR ASSO OF GAINESVILLE INC 3521 SW 42ND AVE GAINESVILLE, FL 32608		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 fee if applicable (NOTE: Registered Agents signature required when remaining) (311)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOLLNER, PAUL 1800 NW 24 ST GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this form 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:  PAUL GOLLNER 2/14/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		