

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21647

FILED
Apr 25, 2008
Secretary of State

Entity Name: REMA'S DRAPERIES AND ETC., INC.

Current Principal Place of Business:

1106 S EDGEWOOD AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1106 S EDGEWOOD AVE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3041701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, JIMMIE
1106 S EDGEWOOD AVE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

PETE ORLANDO, CPA, PA
4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: PETE ORLANDO

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MURPHY, JIMMIE
Address: 27742 CONNER NELSON ROAD
City-St-Zip: HILLIARD, FL 32046

Title: P () Delete
Name: MURPHY, LATRELLE
Address: 27742 CONNER NELSON ROAD
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATRELLE MURPHY

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date