I hereby 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 all other like empowered.

SIGNATURE: DAREN HOFFMAN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	С	Title	VPST
Name	SHIRLEY, JAMES E	Name	BROWN, SUSAN KOEHLER
Address	4501 IRVINGTON AVE.	Address	4692 KNOTTINGHAM RD
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL 32210
Title	Р		
Title Name	P HOFFMAN, DAREN		
	•		

SIGNATURE:

Name and Address of Current Registered Agent:

HOFFMAN, DAREN J 4501 IRVINGTON AVE JACKSONVILLE, FL 32210 US

4501 IRVINGTON AVENUE JACKSONVILLE. FL 32210

FEI Number: 59-2153732

DOCUMENT# F50642

Entity Name: COMMERCIAL INTERIORS OF JACKSONVILLE, INC.

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4501 IRVINGTON AVENUE JACKSONVILLE, FL 32210

Current Mailing Address:

Certificate of Status Desired: No

Secretary of State CC4741202839

FILED Apr 12, 2013

04/12/2013 Date

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.

Date

PRESIDENT