Apr-08-04 11:43A TONI DELFIANDRA

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FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90294 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 461481

1. Entity Name
BARBARA STROUD INTERIORS, INC.

Principal Place of Business	Mailing Address
815 GEORGE BUSH BLVD. DELRAY BCH, FL 33483 US	815 GEORGE BUSH BLVD. DELRAY BCH, FL 33483 US

66414712

04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1558350
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, CAROL M
29 NE 4TH AVENUE
DELRAY BEACH, FL 33483

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STROUD, BARBARA R.
STREET ADDRESS	28 S.W. 10TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	T
NAME	STROUD, DONALD C.
STREET ADDRESS	28 S.W. 10TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	STROUD, CAROLYN B
STREET ADDRESS	28 S.W. 10TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	LAUTO, DORIAN E
STREET ADDRESS	28 SW 10TH TERR
CITY-ST-ZIP	BOCA RATON, FL
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 filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dorian E Lauto Dorian E. Lauto 4/22/04 561-276-8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #