


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F97526 1. Entity Name INTERIORS BY BRENDA, INC.	
---	---

Principal Place of Business 17585 SE 102ND AVENUE SUMMERFIELD, FL 32691	Mailing Address 17585 SE 102ND AVENUE SUMMERFIELD, FL 32691
---	---

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2683333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

ERP, HARVEY D
17585 SE 102 AVE
SUMMERFIELD, FL 34491

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000073337 03/02/04-80032-011 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERP, BRENDA J. 17585 SE 102ND AVE SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERP, BRENDA J. 17585 SE 102ND AVE SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERP, HARVEY D. 17585 SE 102ND AVE SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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: Brenda J. Cap 352-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-26-2004 342-3200
Date Daytime Phone #