

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM

Secretary of State

1114455EE FL32314  
PO BOX 6198  
DIVISION OF CORPORATIONS



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



04062006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2683333

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	ERP, BRENDA J.
STREET ADDRESS	17585 SE 102ND AVE
CITY - ST - ZIP	SUMMERFIELD, FL
TITLE	ST
NAME	ERP, BRENDA J.
STREET ADDRESS	17585 SE 102ND AVE
CITY - ST - ZIP	SUMMERFIELD, FL
TITLE	VD
NAME	ERP, HARVEY D.
STREET ADDRESS	17585 SE 102ND AVE
CITY - ST - ZIP	SUMMERFIELD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000511150  
04/29/06-80036-006 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2006 352-804-8002