## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # J78261

1. Entity Name BRENDA BULL INTERIORS, INC.



**FILED** Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

3429 HARBOR DR. CAMACHEE ISLAND SAINT AUGUSTINE, FL 32084-7737 Mailing Address

3429 HARBOR DR. CAMACHEE ISLAND

SAINT AUGUSTINE, FL 32084-7737



03312006

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6.	Name and	Address of	Current F	Registered	Agent

BULL, BRENDA P. 3429 HARBOR DR. ST. AUGUSTINE, FL 32095

## DO NOT WRITE IN THIS SPACE

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	med entity submits this statement for the p s of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	ith, in the State of Fig.	orida., I am familiar v	ith, and accept
SIGNATURE	nature, typed or printed name of registered agent and title in	applicable (NOTE Registered	d Agent signature	required when reinstating)	<del></del>	DATE	
	NOWIN FEE IS \$150.00 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees	,		
10.	OFFICERS AND DIREC	TORS	•				
STREET ADDRESS 34	ULL, BRENDA 429 HARBOR DR. T AUGUSTINE, FL				0000005 05/02/06-8	18215 0001-020 - 15	0.08
TITLE NAME STREET ADDRESS CITY-ST-ZIP						: •	
Title Name Street Address City-St-Zip				DO	NOT W	RITE	
Title Name Sireet Address Gity-St-Zip				IN <sup>-</sup>	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	,				· : ·	}	
TITLE MAME STREET ADDRESS GITY-ST-ZIP						, , , , , , , , , , , , , , , , , , , ,	
of the corpora	fy that the information supplied with this fil this report or supplemental report is true a ation or the receiver or trustee empowered on an attachment with an address, with all	to execute this report as requir	mptions con ure shall hav ed by Chapt	tained in Chapter 119 e the same legal effec er 607, Florida Statute	3, Florida Statutes. I of as if made under es; and that my nam	further certify that it eath; that I am an off e appears in Block 1	ie information icer or director 0 or Block 11 if