

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90170 031 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J93313			
1. Entity Name INNOVATIVE DRAPERIES AND INTERIORS, INC.			
Principal Place of Business 4301 32ND ST W STE E-7 BRADENTON, FL 34205 US		Mailing Address 4301 32ND ST W STE E-7 BRADENTON, FL 34205 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0020981		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
- 6. Name and Address of Current Registered Agent -		- 7. Name and Address of New Registered Agent -	
MEISSNER, GREGORY C. 1111 THIRD AVENUE W. SUITE 150 BRADENTON, FL 34205		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____			
FILE NOW!!! FREE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHOEMAKER, GEORGE WESLEY 316 45TH ST. CT. WEST BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Shoemaker, George Wesley 3629 5TH AVE DR. WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHOEMAKER, SHARON LEE 316 45TH ST. CT. WEST BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Shoemaker, Sharon Lee 3629 5TH AVE DR. WEST BRADENTON, FL 34210
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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: _____		DATE: 5-3-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GEORGIE W SHOEMAKER		DATE: 5-3-04	

54053170



05032004 Chg-P CR2E034 (10/03)

Attachment 193313

54053170

NO PREVIOUS
NOTICE WAS RECEIVED

George A. Haman