

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000079386

1. Entity Name

HENRIETTE'S INTERIOR ACCENTS, INC.



Principal Place of Business

**6752 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429**

Mailing Address

**6752 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429**



01142006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3735904

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOSSING, DAN A
6752 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429**

**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 \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000390641
01/24/06-80007-008 150.00**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME LOSSING, HONG T
STREET ADDRESS 6752 W GULF TO LAKE HWY
CITY-ST-ZIP CRYSTAL RIVER, FL 344293**

**TITLE ST
NAME LOSSING, DAN A
STREET ADDRESS 6752 W GULF TO LAKE HWY
CITY-ST-ZIP CRYSTAL RIVER, FL 34429**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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 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 #

Secretary/Treasure 01-14-06

(352) 563-2711