

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044107

FILED
Sep 07, 2004
Secretary of State

Entity Name: INTERIOR SOLUTIONS OF TAMPA BAY, INC.

Current Principal Place of Business:

9920 MIDDLECOFF DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

5418 POINSETTIA DR.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

9920 MIDDLECOFF DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

5418 POINSETTIA DR.
NEW PORT RICHEY, FL 34652

FEI Number: 55-0822357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, LISA A
9920 MIDDLECOFF DRIVE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

DIAZ, LISA A
5418 POINSETTIA DR.
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: LISA A. DIAZ

09/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ, LISA A
Address: 9920 MIDDLECOFF DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: DIAZ, JOSEPH A JR
Address: 9920 MIDDLECOFF DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIAZ, LISA A
Address: 5418 POINSETTIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: DIAZ, JOSEPH A JR
Address: 5418 POINSETTIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A. DIAZ

PRES

09/07/2004

Electronic Signature of Signing Officer or Director

Date