## FILED Apr 26, 2004 08:00 AM Secretary of State

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # P0200012240  of Interiors specialties,		The second secon				
Principal Plac 7414 PONCE SARASOTA, E	DE LEON STREET	failing Address 7414 PONCE DE LEON STREET SARASOTA, FL 34243					
E	O NOT WRITE I	OE	04162004 4. FEI Numbe 52-237		CR2E034 (1	· Bank Special Wilder	
7414 PON SARASOT	HE, ALAN R CE DE LEON STREET A, FL 34243	DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligat	Signature, typed or printed name of registered agent and tall  E NOW!!! FEE IS \$150.00  ay 1, 2004 Fee will be \$550.00		Agent signature required		n, in the State of the	DATE	a will, and accept
<del></del>							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D LABRANCHE, ALAN R 7414 PONCE DE LEON STREET SARASOTA, FL 34243 D HARTMANN, KLAUS D	CTORS			U0000 04/26/04	10128167 1-80028-01	03 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7414 PONCE DE LEON STREET SARASOTA, FL 34243	· · · · · · · · · · · · · · · · · · ·		DO	NOT W	RITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN 7	THIS SF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
STREET ADDRESS CMY-ST-ZIP 12. I hereby of indicated	entify that the Information supplied with this on this report or supplemental report is true portation to the receiver or trible or missions.	illing does not qualify for the exer	notion stated in Se	ction 119.07(3)(	), Florida Statutès. I	further certify the	at the information
of the con	norstian or the receiver or trubba amplayare	and accounts this report as essent	and but Obsertes COT	omica icydi elifet Clorida etatuta	e een mede under (	aut, mai taitt an	Unicer or director

HARITIANN

SIGNATURE: