

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 007 ***150.00

DOCUMENT # P03000151245					
1. Entity Name STACY HAAS INTERIORS, INC.					
Principal Place of Business 10808 WINDING STREAM WAY BRADENTON, FL 34212-5261			Mailing Address 10808 WINDING STREAM WAY BRADENTON, FL 34212-5261		
2. Principal Place of Business 9435 DISCOVERY TERRACE #102 Suite, Apt. #, etc. BRADENTON City & State FL Zip 34212-5261		3. Mailing Address 102 Suite, Apt. #, etc. BRADENTON, FL City & State FL Zip 34212-5261		02062004 Chg-P CR2E034 (10/03)	
Country USA		Country USA		4. FEI Number 20-0503394	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAAS, STACY L 10808 WINDING STREAM WAY BRADENTON, FL 34212-5261			7. Name and Address of New Registered Agent Name: HAAS, STACY L. Street Address (P.O. Box Number is Not Acceptable): 9435 DISCOVERY TERRACE #102 City: BRADENTON FL Zip Code: 34212-5261		
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: <u>Stacy Haas</u> DATE: <u>2-18-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HAAS, STACY L 10808 WINDING STREAM WAY BRADENTON, FL 342125261	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HAAS, STACY L 9435 DISCOVERY TERRACE #102 BRADENTON, FL 34212-5261	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: <u>Stacy Haas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2-18-04</u> DAYTIME PHONE #: <u>(941) 587-4359</u>		