

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000151245

1. Entity Name
STACY HAAS INTERIORS, INC.



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

03-08-2004 90028 007 ***150.00

94025994



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

3. Mailing Address
102
Suite, Apt. #, etc.
102

02062004 Chg-P CR2E034 (10/03)

City & State
FL

City & State
BRADENTON, FL

4. FEI Number
20-0503394
Applied For
Not Applicable

Zip 34212-5261 Country USA Zip 34212-5261 Country USA

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

HAAS, STACY L
10808 WINDING STREAM WAY
BRADENTON, FL 34212-5261

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 *Stacy Haas*

(NOTE: Registered Agent signature required when reinstating)

DATE 2-18-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME HAAS, STACY L
STREET ADDRESS 10808 WINDING STREAM WAY
CITY-ST-ZIP BRADENTON, FL 342125261

Delete

PTS

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

HAAS, STACY L
9435 DISCOVERY TERRACE, #102
BRADENTON, FL 34212-5261

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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: *Stacy Haas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04 (941)587-4359

Date

Daytime Phone #