

# ANNUAL REPORT

DOCUMENT # P92000005197

1. Entity Name  
SHH! INTERIORS, INC.



Principal Place of Business  
3300 COVE CAY DR.  
5F  
CLEARWATER, FL 33760 US

Mailing Address  
3300 COVE CAY DR.  
5F  
CLEARWATER, FL 33760 US

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3151450 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

HAUER, YOLANDA  
3300 COVE CAY DR. #5F  
CLEARWATER, FL 33760

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRES  
HAUER, YOLANDA S  
3300 COVE CAY DR. #5F  
CLEARWATER, FL 33760

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
SWEENEY, ROSE  
1001 STARKEY RD. #319  
LARGO, FL 33771

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
SWEENEY, ROSE  
1001 STARKEY RD., #319  
LARGO, FL 33771

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TREA  
HAUER, YOLANDA  
3300 -5F-COVE CAY DR.  
CLEARWATER, FL 33760

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 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:

*Yolanda Hauer*

*1/10/05*