## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043074

Entity Name: INTERIOR SERVICES BY FRED, INC.

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1115 CENTRAL AVE. COLEMAN, FL 33521

**Current Mailing Address: New Mailing Address:** 

PO BOX 782

COLEMAN, FL 335210782

FEI Number: 65-0415356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FITZGERALD, FREDERICK 1115 CENTRÁL AVE.

FITZGERALD, TAMI L 1321 ARBOR VISTA LOOP #313 LAKE MARY, FL 32746 COLEMAN, FL 33521 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: TAMI FITZGERALD 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition FITZGERALD, FREDERICK FITZGERALD, FREDERICK S Name: Name:

PO BOX 782 PO BOX 782 Address: Address:

City-St-Zip: COLEMAN, FL 335210782 City-St-Zip: COLEMAN, FL 335210782

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition

FITZGERALD, CHERYL Name: Name: FITZGERALD, CHERYL L

PO BOX 782 PO BOX 782 Address: Address: COLEMAN, FL 335210782 COLEMAN, FL 335210782 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition PACHEO, KELLIE PACHEO, KELLIE M Name: Name:

PO BOX 782 PO BOX 782 Address: Address: City-St-Zip: COLEMAN, FL 33521 City-St-Zip: COLEMAN, FL 33521

Title: ( ) Delete Title: (X) Change ( ) Addition FITZGERALD, TAMI FITZGERALD, TAMI L Name: Name: Address: 1321 ARBOR VISTA LOOP #313

PO BOX 782 Address: City-St-Zip: City-St-Zip: COLEMAN, FL 33521 LAKE MARY, FL 32746

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: FREDERICK FITZGERALD DP 04/27/2005