

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043074

FILED
May 08, 2006
Secretary of State

Entity Name: INTERIOR SERVICES BY FRED, INC.

Current Principal Place of Business:

1115 CENTRAL AVE.
COLEMAN, FL 33521

New Principal Place of Business:

PO BOX 782
COLEMAN, FL 335210782

Current Mailing Address:

PO BOX 782
COLEMAN, FL 335210782

New Mailing Address:

5086 MAXON TERRACE
SANFORD, FL 32771

FEI Number: 65-0415356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, TAMI L
1321 ARBOR VISTA LOOP #313
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

FITZGERALD, TAMI L
5086 MAXON TERRACE
SANFORD, FL 32771 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

05/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FITZGERALD, FREDERICK S
Address: PO BOX 782
City-St-Zip: COLEMAN, FL 335210782

Title: VP () Delete
Name: FITZGERALD, CHERYL L
Address: PO BOX 782
City-St-Zip: COLEMAN, FL 335210782

Title: S () Delete
Name: PACHEO, KELLIE M
Address: PO BOX 782
City-St-Zip: COLEMAN, FL 33521

Title: T () Delete
Name: FITZGERALD, TAMI L
Address: 1321 ARBOR VISTA LOOP #313
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FITZGERALD, TAMI L
Address: 5086 MAXON TERRACE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TAMI FITZGERALD

T

05/08/2006

Electronic Signature of Signing Officer or Director

Date