2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000094565

1. Entity Name
MIMI'S BLINDS & INTERIORS, INC.

Principal Place of Business	Mailing Address
115 1ST AVE N BARTOW, FL 33830	115 1ST AVE N BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE

09012004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3368202		Not Applicable

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

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6. Name and Address of Current Registered Agent

FREAN, ANTONIO L
865 MANN RD
BARTOW, FL 33830

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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 $550.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000171708 09/08/04-80002-009 550.00

10.   OFFICERS AND DIRECTORS

TITLE	DTS
NAME	FREAN, ANTONIO L
STREET ADDRESS	865 MANN RD
CITY-ST-ZIP	BARTOW, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Antonio L Frean_, PRESIDENT   9-3-04   863-533-2992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #