


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90017 040 \*\*\*158.75

**DOCUMENT # J57875**  
 1. Entity Name  
**SUNBUILT FRAME & TRIM, INC.**



Principal Place of Business      Mailing Address  
 % JOHN L. RILEY      % JOHN L. RILEY  
 13044 FARMINGTON TRAIL      13044 FARMINGTON TRAIL  
 SEMINOLE FL 34646      SEMINOLE FL 34646

**54026511**



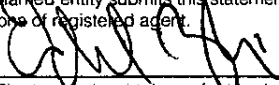
MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2776561**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RILEY, JOHN L.**  
**13044 FRAMINGTON TRAIL**  
**SEMINOLE FL**

7. Name and Address of New Registered Agent  
 Name **EDWARD ZARZYCKI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13044 FARMINGTON TRAIL**  
 City **SEMINOLE**      **FL**      Zip Code **33776**

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  **EDWARD ZARZYCKI, PRESIDENT**      DATE **4/4/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ZARZYCKI, EDWARD S.	
STREET ADDRESS	13044 FARMINGTON TRAIL	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ZARZYCKI, DENISE H.	
STREET ADDRESS	13044 FARMINGTON TRAIL	
CITY-ST-ZIP	SEMINOLE, F L.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **EDWARD ZARZYCKI**      DATE **4/4/04**      Daytime Phone # **727-397-7053**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR