

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

0582525 AV

DOCUMENT # P00000099860



1. Entity Name
CASTLEROCK HOME IMPROVEMENTS, INC.

04-21-2003 90314 050 ***150.00

Principal Place of Business
8704 BEAVER LANE
PORT RICHEY FL 34668

Mailing Address
8704 BEAVER LANE
PORT RICHEY FL 34668



2. Principal Place of Business
3259 Fox Chase Circle North # 208
Suite, Apt. #, etc. # 208

3. Mailing Address
3259 Fox Chase Circle North # 208
Suite, Apt. #, etc. # 208

CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor FL

City & State
Palm Harbor, FL

4. FEI Number 59-3685550

Applied For
 Not Applicable

Zip 34683 Country USA

Zip 34683 Country USA

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

6. Name and Address of Current Registered Agent
MORRISON, ROCHELLE
8704 BEAVER LANE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
Name Kevin Morrison - President
Street Address (P.O. Box Number is Not Acceptable)
3259 Fox Chase Circle North # 208
City Palm Harbor FL Zip Code 34683

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 Kevin Morrison President DATE 4/17/03

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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, KEVIN D 8704 BEAVER LANE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, ROCHELLE 8704 BEAVER LANE PORT RICHEY FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kevin Morrison President DATE 4/17/03 DAYTIME PHONE # 727-542-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)