

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039740

FILED
May 01, 2004
Secretary of State

Entity Name: KITCHENS, FLOORS AND MORE, INC.

Current Principal Place of Business:

7665 LIVE OAK DRIVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

8010 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068 US

Current Mailing Address:

7665 LIVE OAK DRIVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

8010 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068 US

FEI Number: 01-0671396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, GERALD
7665 LIVE OAK DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

LIVIGNE, GARY
8010 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068 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: GARY LIVIGNE

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, GERALD
Address: 7665 LIVE OAK DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD () Delete
Name: WATSON, LINDA
Address: 7665 LIVE OAK DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: LIVIGNE, GARY
Address: 8010 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: PD (X) Change () Addition
Name: LIVIGNE, MICHAEL G
Address: 8010 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: GARY LIVIGNE

CEOD

05/01/2004

Electronic Signature of Signing Officer or Director

Date