2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # P02000135436 09-08-2004 90118 024 ***158.75 RENAISSANCE CABINETS & MILLWORK, INC. Principal Place of Business Mailing Address JACALUFE ! 2770 FOUNTAIN VIEW CIRCLE #103 2770 FOUNTAIN VIEW CIRCLE #103 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 6266 JAWES Mailing Address AWES (N <u>6266</u> Suite, Apt. #, etc. Suite, Apt. #, etc 08022004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For NARF 04-3729688 Not Applicable Country SOLLIER Country \$8.75 Additional 5. Certificate of Status Desired COLLIER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _ Name RICE, ROGER B 5425 PARK CENTRAL CT Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34109 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Defete TITLE ☐ Change Addition NAME TURNER, SCOTT 2770 FOUNTAIN VIEW CIRCLE #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier and it 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 it trustee a employer to 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 w other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED