

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90045 039 ***158.75

DOCUMENT # P03000140276

1. Entity Name

W.O. HOME IMPROVEMENT, INC.



Principal Place of Business

21 BUTTERNUT DR
PALM COAST FL 32137

Mailing Address

21 BUTTERNUT DR
PALM COAST FL 32137

2. Principal Place of Business

21 BUTTERNUT DR

Suite, Apt. #, etc.

PALM COAST

City & State

FLORIDA

Zip

32137

Country

FLAGLER

3. Mailing Address

21 BUTTERNUT DR

Suite, Apt. #, etc.

PALM COAST

City & State

FLORIDA

Zip

32137

Country

FLAGLER



MOORE

CR2E034 (11/03)

4. FEI Number

20-0379331

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OZIMEK, WLADYSLA
21 BUTTERNUT DR
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

WLADYSLAW OZIMEK

Street Address (P.O. Box Number is Not Acceptable)

21 BUTTERNUT DRIVE

City

PALM COAST

FL

Zip Code

32137

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

WLADYSLAW OZIMEK

WLS Ozimek

03-08-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	OZIMEK, WLADYSLAW	
STREET ADDRESS	21 BUTTERNUT DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	OZIMEK, BARBARA	
STREET ADDRESS	21 BUTTERNUT DR	
CITY-ST-ZIP	PALM COAST FL 32137	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WLADYSLAW OZIMEK	
STREET ADDRESS	21 BUTTERNUT DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA OZIMEK	
STREET ADDRESS	21 BUTTERNUT DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
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:

WLS Ozimek

WLADYSLAW OZIMEK

03-08-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #