


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90117 020 \*\*\*150.00

<b>DOCUMENT # P02000031337</b> 1. Entity Name <b>PREMIER BATHS, INC.</b>																							
Principal Place of Business <b>2330 S. NOVA ROAD</b> <b>SOUTH DAYTONA, FL 32119</b>		Mailing Address <b>2330 S. NOVA ROAD</b> <b>SOUTH DAYTONA, FL 32119</b>																					
2. Principal Place of Business <b>2330A S. Nova Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>2330A S. Nova Road</b> Suite, Apt. #, etc.																					
City & State <b>South Daytona, FL</b> Zip      Country <b>32119      Volusia</b>		City & State <b>South Daytona, FL</b> Zip      Country <b>32119      Volusia</b>																					
4. FEI Number <b>01-0645317</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>PALMETTO CHARTER SERVICES, INC.</b> <b>150 PALMETTO AVENUE</b> <b>DAYTONA BEACH, FL 32114</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Stephen Jolly</i></u> <b>Stephen Jolly Vice President</b> <b>7/2/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>FARMILLOE, PHILIP</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4134 GULF OF MEXICO DR, STE 302</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LONGBOAT KEY, FL 34228</b></td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	<b>FARMILLOE, PHILIP</b>		STREET ADDRESS	<b>4134 GULF OF MEXICO DR, STE 302</b>		CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete																					
NAME	<b>FARMILLOE, PHILIP</b>																						
STREET ADDRESS	<b>4134 GULF OF MEXICO DR, STE 302</b>																						
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>																						
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">V</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>JOLLY, STEPHEN</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4134 GULF OF MEXICO DR, STE 302</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LONGBOAT KEY, FL 34228</b></td> <td></td> </tr> </table>		TITLE	V	<input type="checkbox"/> Delete	NAME	<b>JOLLY, STEPHEN</b>		STREET ADDRESS	<b>4134 GULF OF MEXICO DR, STE 302</b>		CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete																					
NAME	<b>JOLLY, STEPHEN</b>																						
STREET ADDRESS	<b>4134 GULF OF MEXICO DR, STE 302</b>																						
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>																						
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
NAME																							
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete																						
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: <u><i>Stephen Jolly</i></u> <b>Stephen Jolly Vice President</b> <b>7/2/04</b> <b>386.761-1830</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																							



Premier House ■ 2330A South Nova Road ■ South Daytona ■ Florida ■ 32119  
386-761-1830 ■ Fax: 386-761-6754 ■ [www.premier-bathrooms.com](http://www.premier-bathrooms.com)

July 2, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

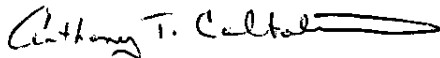
Dear Sirs:

Enclosed you will find a completed 2004 for Profit Corporation Annual Report. We received a post card stating "Notice of Intent to Dissolve" the corporation for Premier Baths, Inc. As indicated on the annual report the address was not completely correct. This may be the reason we never received the original annual report.

Please accept the enclosed 2004 for Profit Corporation Annual Report with a check in the amount of \$150.00 to cover the annual fee.

If you have any questions please feel free to contact me at (386) 761-1830.

Sincerely,

A handwritten signature in cursive script that reads "Anthony T. Caltabiano".

Anthony T. Caltabiano  
Financial Director  
Premier Baths, Inc.