2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75552

Address:

City-St-Zip:

11765 MINNEOLA DR

NEW PORT RICHEY, FL 34654

Entity Name: FLORIDA SUNROOMS, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Provinces	
Current P	rincipai Piace	e of Business:	New Principal Place	OT Business:
	INEOLA DR. RT RICHEY, FI	_ 34654		
Current Mailing Address:			New Mailing Address:	
	INEOLA DR RT RICHEY, FI	_ 34654		
FEI Number	: 65-0278185	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	K, RAY INEOLA DR RT RICHEY, FI	_ 33060 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (STAMBUL, DA 303 SE 6TH A POMPANO BC	/E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (SOBEL, CHAR 12608 CATAM TAMPA, FL 33	ARAN PL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BABCOCK, RA 11765 MINNE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	S (BABCOCK, GL) Delete .ORIA	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES SOBEL VP 04/14/2005