

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 306192

FILED  
Mar 18, 2004  
Secretary of State

Entity Name: ALL-INTERIOR SUPPLY OF TAMPA BAY, INC.

**Current Principal Place of Business:**

5880 JET PORT INDUSTRIAL BLVD  
TAMPA, FL 33643 US

**New Principal Place of Business:**

**Current Mailing Address:**

6919 W 20TH AVE  
HIALEAH, FL 33014 US

**New Mailing Address:**

6969 W 20TH AVE  
HIALEAH, FL 33014 US

FEI Number: 59-1145837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERNANDEZ, JOHN J.  
6969 WEST 20TH AVENUE  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HERNANDEZ, JOHN J.,  
Address: 6969 WEST 20TH AVENUE  
City-St-Zip: HIALEAH, FL

Title: V ( ) Delete  
Name: DERBY, JOHN,  
Address: 6969 W. 20 AVENUE  
City-St-Zip: HIALEAH, FL

Title: S ( ) Delete  
Name: PETRICONE, JULIE,  
Address: 6969 W 20 AVE  
City-St-Zip: HIALEAH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN J. HERNANDEZ

PD

03/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date