2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2004 08:00 AM **DOCUMENT # 468928** 1. Entity Name **Secretary of State** SOUTHEAST MILLWORK AND CASEWORK MANUFACTURERS, INC. Principal Place of Business Mailing Address 1706 FIG STREET TAMPA FL 33606 1706 FIG STREET. **TAMPA FL 33606** 2. Principal Place of Business 3. Mailing Address Suite, Ant. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1608227 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 2608 BRYANT CIRCLE TAMPA FL 33609 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 Signature, typed or printed name of registered agent and lifte if applicable INOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition CASTELLANO, NELSON V NAME NAME U000000017910 STREET ADDRESS 1706 FIG STREET STREET ADDRESS 01/28/04-80114-012 150.00 CITY-ST-ZIP **TAMPA FL 33606** CITY - ST- ZIP TITLE Delete BILLE Addition ☐ Change NAME CHAMBLISS, JUDITH K NAME STREET ADDRESS 5203 BAYSHORE BLVD #7 STREET ADDRESS CITY -ST-ZIP TAMPA FL 33611 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CHTY - ST-ZIP TITLE ☐ Defete TITLE ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date Dayling Phone #