


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90012 025 \*\*\*150.00

<b>DOCUMENT # F93000003361</b>	
1. Entity Name <b>NORWEST HOME IMPROVEMENT, INC.</b>	

Principal Place of Business <b>1200 CONCORD AVENUE 3RD FLOOR SOUTH CONCORD, CA 94520 US</b>	Mailing Address <b>GLENN</b> <b>2200 JOHN GLEN DRIVE MAC A0303-139 CONCORD, CA 94520 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01072004 Chg-P	CR2E034 (10/03)
4. FEI Number <b>76-0256232</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>

<b>7. Name and Address of New Registered Agent</b>
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DOREEN</b> <input type="checkbox"/> Delete <b>WOO HO, DOREEN</b> 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <input type="checkbox"/> Delete <b>TOLDA, THOMAS</b> 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS <b>AGUIRRE</b> <input type="checkbox"/> Delete <b>AGUIRRE, ANNETTE</b> 2200 JOHN GLEN DR CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>DIAMOND, KATHRYN</b> 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC <input type="checkbox"/> Delete <b>LEE, JANET</b> 550 CALIFORNIA 9TH FLOOR SAN FRANCISCO, CA 94194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WOO HO, DOREEN</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AGUIRRE, ANNETTE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Annette Aguirre** 6-15-04 (925) 686-7562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #