

RECEIVED
2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR) 2004


FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90009 018 ***150.00

DOCUMENT # F96000001912

1. Entity Name
C.M. KITCHENS CONSTRUCTION CO

PEACHTREE INTERIOR BUILDERS, LTD. INCORPORATED



Principal Place of Business: **3040 BUSINESS PARK DR, STE C NORCROSS GA 30071**

Mailing Address: **3040 BUSINESS PARK DR, STE C NORCROSS GA 30071**



MOORE CR2E034 (4/04)

2. Principal Place of Business
2475 MEADOWBROOK PKWY
 Suite, Apt. #, etc. **N.W Suite I**
 City & State **Duluth GA**
 Zip **30096** Country **GEORGIA**

3. Mailing Address
2475 MEADOWBROOK PKWY
 Suite, Apt. #, etc. **N.W Suite I**
 City & State **Duluth GA**
 Zip **30096** Country **GEORGIA**

4. FEI Number **58-1568377** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

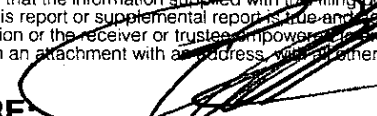
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, JOHNNY 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KITCHENS, CHRIS M 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAILEY, ROBERT M JR 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KITCHENS, JENNY 3040 BUSINESS PARK DR, STE C NORCROSS GA 30071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 2475 MEADOWBROOK PKWY N.W Suite I Duluth, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2475 MEADOWBROOK PKWY N.W Suite I Duluth, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2475 MEADOWBROOK PKWY N.W Suite I Duluth, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2475 MEADOWBROOK PKWY N.W Suite I Duluth, GA 30096
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 correct 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:  **Chris M. Kitchens Pres** 678-473-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #