

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26969

FILED
Jun 30, 2005
Secretary of State

Entity Name: STYLECRAFT KITCHENS, INC.

Current Principal Place of Business:

924 E 124 AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

924 E 124 AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-2468170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, JOSEPH D., ESQ.
% ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN
ONE TAMPA CITY CENTER, STE. 2100
TAMPA, FL 33602 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: TD () Delete
Name: SCHOCH, DONALD R.,
Address: 515 W. 129TH AVE.
City-St-Zip: TAMPA, FL

Title: PSD () Delete
Name: SCHOCH, CATHERINE L.,
Address: 8251 BRENT ST UNIT 913
City-St-Zip: PORT RICHEY, FL 34668

Title: V () Delete
Name: SCHOCH, BRENT J.,
Address: 4608 MITCHELL RD
City-St-Zip: LAND O LAKES, FL

Title: V () Delete
Name: SCHOCH, MICHAEL E.,
Address: 12321 KELLY LANE
City-St-Zip: THONOTOSASSA, 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:

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: CATHERINE L. SCHOCH

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date