2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 13, 2007 08:00 All Secretary of State DOCUMENT # K66722 1. Entity Name OCALA KITCHEN AND BATH, INC. Principal Place of Business Mailing Address 1661 N.E. 8TH AVE. 1661 N.E. 8TH AVE. OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business - No P O, Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apl. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-2931298 Not Applicable Zip Country 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 Namo GROSSE, MILTON W. 8448 S.E. 3RD CT. Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34480 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete THUE ☐ Change ☐ Addition GROSSE, MILTON W. NAME 8448 S.E. 3RD CT. U00000704012 04/20/07-80164-003 150.00 STREET ADDRESS STREET ADDRESS OCALA FL 34480 CITY - ST - 7IP CITY+SI-7IP TITLE ☐ Deleie THE Change Addition GROSSE, JANICE M. NAMI 8448 SE 3RD COURT STREET ADDRESS STREET ADDRESS OCALA FL 34480 CHY ST ZIP CHY-S1-ZIP ЩЕ Delete TITLE Change Addition NAME NAME SURFEI ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP IIILE Defete Addition NAME NAMU STREET ADDRESS STRUET ADDRESS CITY - ST - 71P CITY-S1-7IP DITLE Delete HHE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-7(P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 logal effect as if made under eath, 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:

4-12-07 732-8886

Date Devine Phone:

**FILED**