

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 18, 2008 08:00 A

PAID
Secretary of State

CHECK AMOUNT 150.00
DATE 3-14-08
JOB # _____



DOCUMENT # K66722

1. Entity Name
OCALA KITCHEN AND BATH, INC.

Principal Place of Business: 1661 N.E. 8TH AVE. OCALA FL 34470
Mailing Address: 1661 N.E. 8TH AVE. OCALA FL 34470



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt #, etc State, Apt #, etc

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2931298** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSSE, MILTON W.
8448 S.E. 3RD CT.
OCALA FL 34480**

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 both registered agent and filer is required. (NOTE: Registered Agent registration requires a non-refundable fee.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSE, MILTON W. 8448 S.E. 3RD CT. OCALA FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 1000000362344 04/03/08-80047-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSSE, JANICE M. 8448 SE 3RD COURT OCALA FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Milton W. Grosse **3-15-08** **352 732-8886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Print Name)