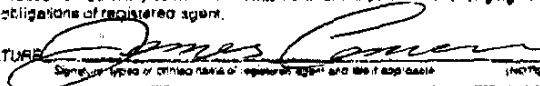
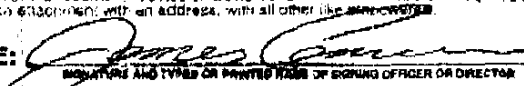


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90007 012 ***150.00

DOCUMENT # P00000008025																																																																																																															
1. Entity Name JAMES M. CAMENE RESIDENTIAL CONTRACTOR, INC.																																																																																																															
Principal Place of Business 705 LIVE OAK ST UNIT L TARPON SPRINGS, FL		Mailing Address 5517 TROPIC DR NEW PORT RICHEY, FL 34653																																																																																																													
2. Principal Place of Business 705 LIVE OAK ST.		3. Mailing Address 5517 Tropic Dr.																																																																																																													
Suite UNIT-L		Suite, Apt. #, etc. 																																																																																																													
City & State TARPON SPRINGS FL		City & State NEW PORT RICHEY FL																																																																																																													
Zip 34689		Zip 34653																																																																																																													
Country U.S.A.		Country U.S.A.																																																																																																													
4. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent CAMENE, JAMES M 74 PALOMINO CIRCLE BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name JAMES M. CAMENE Street Address (P.O. Box Number is Not Acceptable) 5517 Tropic Dr. City NEW PORT RICHEY FL 34653																																																																																																													
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 except the obligations of registered agent.																																																																																																															
SIGNATURE  Signature of officer or director of registered agent and the filer (if applicable) (NOTE: Registered agent signature required when replacing)																																																																																																															
FILE MONTHLY FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Total Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (S. 11)																																																																																																													
<table border="1"> <tr> <td>TITLE</td> <td>PTD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CAMENE, JAMES M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>74 PALOMINO CIRCLE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CAMENE, THEO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2432 BOUTHRIDGE ROAD</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>DELRAY BEACH, FL 33444</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PTD	☐ Delete	NAME	CAMENE, JAMES M		STREET ADDRESS	74 PALOMINO CIRCLE		CITY-STATE-ZIP	BOCA RATON, FL 33487		TITLE	SVD	☐ Delete	NAME	CAMENE, THEO		STREET ADDRESS	2432 BOUTHRIDGE ROAD		CITY-STATE-ZIP	DELRAY BEACH, FL 33444		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>TITLE</td> <td>PTD</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CAMENE, James M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5517 Tropic Dr.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NEW PORT RICHEY, FL 34653</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVD</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CAMENE, THEO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5517 Tropic Dr.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NEW PORT RICHEY FL 34653</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PTD	☒ Change ☐ Addition	NAME	CAMENE, James M.		STREET ADDRESS	5517 Tropic Dr.		CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653		TITLE	SVD	☒ Change ☐ Addition	NAME	CAMENE, THEO		STREET ADDRESS	5517 Tropic Dr.		CITY-STATE-ZIP	NEW PORT RICHEY FL 34653		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE	PTD	☐ Delete																																																																																																													
NAME	CAMENE, JAMES M																																																																																																														
STREET ADDRESS	74 PALOMINO CIRCLE																																																																																																														
CITY-STATE-ZIP	BOCA RATON, FL 33487																																																																																																														
TITLE	SVD	☐ Delete																																																																																																													
NAME	CAMENE, THEO																																																																																																														
STREET ADDRESS	2432 BOUTHRIDGE ROAD																																																																																																														
CITY-STATE-ZIP	DELRAY BEACH, FL 33444																																																																																																														
TITLE		☐ Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-STATE-ZIP																																																																																																															
TITLE		☐ Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-STATE-ZIP																																																																																																															
TITLE		☐ Delete																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-STATE-ZIP																																																																																																															
TITLE	PTD	☒ Change ☐ Addition																																																																																																													
NAME	CAMENE, James M.																																																																																																														
STREET ADDRESS	5517 Tropic Dr.																																																																																																														
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653																																																																																																														
TITLE	SVD	☒ Change ☐ Addition																																																																																																													
NAME	CAMENE, THEO																																																																																																														
STREET ADDRESS	5517 Tropic Dr.																																																																																																														
CITY-STATE-ZIP	NEW PORT RICHEY FL 34653																																																																																																														
TITLE		☐ Change ☐ Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-STATE-ZIP																																																																																																															
TITLE		☐ Change ☐ Addition																																																																																																													
NAME																																																																																																															
STREET ADDRESS																																																																																																															
CITY-STATE-ZIP																																																																																																															
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 I 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 807, Florida Statutes; and that the same appears in Block 10 or Block 11 if changed, or on an endorsement with an address, with all other like statements.																																																																																																															
SIGNATURE: 		(727) 481-3394																																																																																																													
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																																																																																																													

Attachment



JAMES M. CAMENE STATE LICENSED RESIDENTIAL CONTRACTOR

5517 TROPIC DRIVE
NEW PORT RICHEY
FLORIDA 34653

PHONE 727 481 3515
FAX 727 846 8955

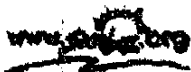
44048188
P0000000 8025

WE HAVE MOVED OUR CORPORATION FROM 1845 SW 4TH AV DELRAY BEACH FL TO
705 LIVE OAK STREET UNIT L TARPON SPRINGS FL. 334689
SINCE THE MOVE WE HAVE NOT BEING ABLE TO RECEIVE ALL OF OUR MAIL
I'M REQUESTING IF YOU CAN PLEASE WAIVE MY PENALTY FEES
A CHECK OF \$150.00 IS ENCLOSED FOR THE ANNUAL REPORT PAPERS

THANK YOU

JAMES CAMENE

James Camene



Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	PO0000008025
Business Entity Name	JAMES M. CAMENE RESIDENTIAL CONTRACTOR, INC.
Original File Date	01/25/2000

FBI Number 65-0976726
Principal Address 705 LIVE OAK ST.
UNIT L
TARPON SPRINGS, FL
Mailing Address 5517 TROPIC DR
NEW PORT RICHEY, FL 34653
Registered Agent JAMES M CAMENE
74 PALOMINO CIRCLE
BOCA RATON, FL 33487 US

Officer/Director Name And Address

PTD
JAMES M CAMENE
74 PALOMINO CIRCLE
BOCA RATON, FL 33487
SVD
THEO CAMENE
2432 SOUTHRIDGE ROAD
DELRAY BEACH, FL 33444

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes to the above information, please