


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 001 ***150.00

DOCUMENT # P00000076537	
1. Entity Name CITRUS ALUMINUM & HOME IMPROVEMENT, INC.	

Principal Place of Business 5 NORTH MELBOURNE STREET BEVERLY HILLS FL 34465	Mailing Address 5 NORTH MELBOURNE STREET BEVERLY HILLS FL 34465
--	--

2. Principal Place of Business 5175 W. Homosassa Trl. Suite, Apt. #, etc. Lecanto, FL	3. Mailing Address 5175 W. Homosassa Trl. Suite, Apt. #, etc. Lecanto, FL
---	---

City & State 34461 USA	City & State 34461 USA
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3667448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C. DENNIS CASTLE 5 NORTH MELBOURNE STREET BEVERLY HILLS FL 34465	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

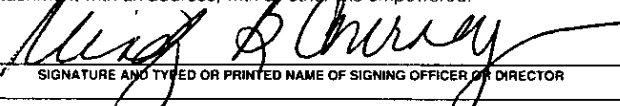
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
---	--	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME C. DENNIS CASTLE STREET ADDRESS 5 NORTH MELBOURNE STREET CITY-ST-ZIP BEVERLY HILLS FL 34465		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME FUSCO, FRANK JR. STREET ADDRESS 5 NORTH MELBOURNE STREET CITY-ST-ZIP BEVERLY HILLS FL 34465		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete NAME COURNOYER, MINDY B STREET ADDRESS 5 N MELBOURNE ST CITY-ST-ZIP BEVERLY HILLS FL 34465		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/29/04	Daytime Phone # (352) 628-5000
--	------------------------	--