07/07/2005 04:39 FAX 3212534923 MILLER

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Jul 13, 2005 8:00 am
Secretary of State
07-13-2005 90016 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000108866

1. Entity Name
FRANK ESTOK HOME IMPROVEMENTS, INC.

20063328

Principal Place of Business	Mailing Address
2576 CORBUSIEUR DR. MELBOURNE, FL 32935	2576 CORBUSIEUR DR. MELBOURNE, FL 32935
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3683349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESTOK, FRANK
2576 CORBUSIEUR DR.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent
Name FRANK T ESTOK, JR
Street Address (P.O. Box Number is Not Acceptable) 450 Kingston Road
City SATELLITE BCH FL Zip Code 32937

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 X [signature] July 18 /05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTOK, FRANK 2576 CORBUSIEUR DR. MELBOURNE, FL 32935	☒ Delete	DECEASED	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTOK, FRANK T 1609 AVOCADO AVE. MELBOURNE, FL 32935	☐ Delete	450 Kingston Rd. SATELLITE BCH FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 X [signature] July 18 /05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #