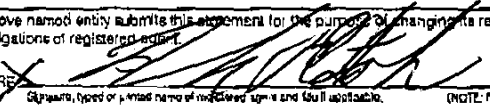
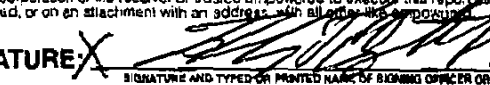


FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90016 012 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000108866			
1. Entity Name FRANK ESTOK HOME IMPROVEMENTS, INC.			
Principal Place of Business 2576 CORBUSIEUR DR. MELBOURNE, FL 32935		Mailing Address 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
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 Applicable) 450 KINGSTON RD SATELLITE BCH FL 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 		DATE July 18/05	
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 ☒ Delete ESTOK, FRANK 2576 CORBUSIEUR DR. MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition DECEASED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ESTOK, FRANK T 1609 AVOCADO AVE. MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 450 KINGSTON RD SATELLITE BCH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(f), 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 empowering.			
SIGNATURE 		DATE July 18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

20063328



07072005 Cng-P CR2E034 (10/03)