`2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000011910 1. Entity Name WINTER HAVEN KITCHEN & BATH, INC.



Principal Place of Business

فالمشهر والمقاري

704 3RD STREET SW WINTER HAVEN, FL 33880 Mailing Address

704 3RD STREET SW WINTER HAVEN, FL 33880

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Cha-P CR2E034 (10/03) 04262005

4. FEI Number 59-3732919 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTUCCI, JEFFREY S 704 3RD STREET SW WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

		And the second s			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable. (NOTE, Registered	Agent signatur	a required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARTUCCI, JEFFREY S 704 3RD STREET SW WINTER HAVEN, FL 33880				U00000354139
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/03/05-80094-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	- The Constant Winds Street in Section (東京)	如養衛子就都在養養養養養養養養	1 1 -	ergenni (= erdythir bet	an sign — je gan niky natunga kha kisa nigi sign nigi dia niku dibi dibi dibi dibi dibi dibi
TITLE 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 Lam 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:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR