


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90059 001 ***150.00

DOCUMENT # P01000013074 1. Entity Name THE CURB APPEAL STORE INC.			
Principal Place of Business 16099 134TH TERRACE NORTH JUPITER, FL 33478		Mailing Address 16099 134TH TERRACE NORTH JUPITER, FL 33478	
2. Principal Place of Business - No P.O. Box # 12633 159TH COURT N.		3. Mailing Address 12633 159TH COURT N.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jupiter FL		City & State Jupiter FL	
Zip 33478		Zip 33478	
Country USA		Country USA	
4. FEI Number 65-1077743		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 HILEMAN, VIRGINIA 6100 NE 7TH AVENUE #14 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Virginia Hileman Street Address (P.O. Box Number is Not Acceptable) 14721 Bonaire Blvd. #110 City Delray Beach FL Zip Code 33446	
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: Virginia Hileman DATE: 5-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P HULICK, SHEILA <input type="checkbox"/> Delete 16099 134TH TERRACE NORTH JUPITER, FL 33478	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HULICK, SHEILA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12633 159TH COURT NORTH JUPITER FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HILEMAN, VIRGINIA 6100 NE 7TH AVENUE #17 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sheila Hulick President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 5-17-07 <small>Daytime Phone #</small>	