### 2007 FOR PROFIT CORPORATION

#### Jan 29, 2007 8:00 am Secretary of State ANNUAL REPORT 01-29-2007 90079 028 \*\*\*150.00 DOCUMENT # P01000026262 1. Entity Name IN DETAIL KITCHEN & BATH, INC. LHUUDDAI Principal Place of Business Mailing Address 801A N 9TH AVE 801A N 9TH AVE PENSACOLA, FL 32501 PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3706946 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEES, CHERYL A 1900 E. LAKEVIEW AVENUE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32503 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change TITLE ☐ Addition Cheryi Kees 1501 A N. ato Ave. KEES, CHERYL A NAME STREET ADORESS 1900 E. LAKEVIEW AVENUE STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-ZIP CITY-ST-ZIP Penscipola. Fl. TITLE TITLE Change Delete ☐ Addition EricuMickelson NICKELSON, ERIC J NAME NAME 801 A N. 9th Ave. 1900 E. LAKEVIEW AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-ZIP Densarala Fl. 32501 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 the sectiver or the sectiver or the sectiver or the sective of the corporation or an attachment with a faddress with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

#### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000026262

IN DETAIL KITCHEN & BATH, INC.

60008547

ATTACHMENT

Principal Place of Business

801A N 9TH AVE PENSACOLA, FL 32501 Mailing Address 801A N 9TH AVE PENSACOLA, FL 32501



#### DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

Applied For Not Applicable

4. FEI Number 59-3706946

01152007

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

KEES, CHERYL A 1900 E. LAKEVIEW AVENUE PENSACOLA, FL 32503

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

FENSACO	7DA, FL 32503			IN <sup>*</sup>	THIS SPACE
the obligati _SIGNATURE	named entity submits this statement for the pions of registered agent.  Signature, typed or printed name of registered agent and title if			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TILE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE	OFFICERS AND DIRECT D KEES, CHERYL A 1900 E. LAKEVIEW AVENUE PENSACOLA, FL 32503 D NICKELSON, ERIC J 1900 E. LAKEVIEW AVE PENSACOLA, FL 32503	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP STILE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
ITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS					
מול דם עדוי			I		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR