

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90380 020 ***150.00

DOCUMENT # P01000050626

1. Entity Name
BATH & KITCHEN GALLERY, INC.



Principal Place of Business
10019 N. DALEMABRY
SUITE 600
TAMPA, FL 33618

Mailing Address
10019 N. DALEMABRY
SUITE 600
TAMPA, FL 33618

2. Principal Place of Business
6406 E Fowler Ave
Suite, Apt. #, etc.

3. Mailing Address
6406 E. Fowler Ave
Suite, Apt. #, etc.



04202004 Chg-P CR2E034 (10/03)

City & State
Temple Terrace FL
Zip
33617
Country
USA

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Temple Terrace FL
Zip
33617
Country
USA

4. FEI Number
01-0625668
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GENNARO, JOSEPH F
10019 N. DALEMABRY
SUITE 600
TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name
GENNARO, Joseph F

Street Address (P.O. Box Number is Not Acceptable)

8612 Poinsettia Dr

City Temple Terrace FL Zip Code 33637

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
GENNARO, JOSEPH F
8612 POINSETTA DRIVE
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 913264-6967
Date Daytime Phone #