


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91035 040 ***150.00

DOCUMENT # P01000066313
 1. Entity Name
AT HOME IMPROVEMENTS, INC.



Principal Place of Business Mailing Address
9385-A BAY PINES BLVD **9385-A BAY PINES BLVD**
ST PETERSBURG FL 33708 **ST PETERSBURG FL 33708**

2. Principal Place of Business 3. Mailing Address
9385-A Bay Pines Blvd. *9385-A Bay Pines Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State City & State
St. Petersburg FL. *St. Petersburg FL*

4. FEI Number **59-3730551** Applied For
 Not Applicable

Zip Country Zip Country
33708 USA *33708 USA*

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

6. Name and Address of Current Registered Agent
COLOSSEO, ANDREW J
9385-A BAY PINES BLVD
ST PETERSBURG FL 33708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Andrew J. Colosseo* DATE *4-28-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLOSSEO, ANDREW J	
STREET ADDRESS	9385 BAY PINES BLVD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLOSSEO, ANNA M	
STREET ADDRESS	9385 BAY PINES BLVD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 another like empowered.

SIGNATURE: *Andrew J. Colosseo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #