


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000074020</b> 1. Entity Name <b>HOME IMPROVED, INC.</b>					
Principal Place of Business <b>554 QUEENS MIRROR CIRCLE CASSELBERRY FL 32707</b>			Mailing Address <b>554 QUEENS MIRROR CIRCLE CASSELBERRY FL 32707</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>MAGNIN, JACQUES 554 QUEENS MIRROR CIRCLE CASSELBERRY FL 32707</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MAGNIN, JACQUES 554 QUEENS MIRROR CIRCLE CASSELBERRY FL 32707		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **59-3741613**  
☐ Applied For  
☒ Not Applicable

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

U00000059358  
02/20/04-80078-016 150.00

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:** *Jacques Magnin* **02/11/2004 407 6953140**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #