


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90247 007 ***150.00

DOCUMENT # P01000076816 1. Entity Name ULTIMATE HOME IMPROVEMENT AND REPAIRS, INC.																																																																																																																										
Principal Place of Business 1641 SW 47 TERR. FT. LAUDERDALE FL 33317		Mailing Address 1641 SW 47 TERR. FT. LAUDERDALE FL 33317																																																																																																																								
2. Principal Place of Business 4550 SW 25 Terrace Suite, Apt. #, etc.	3. Mailing Address 4550 SW 25 Terrace Suite, Apt. #, etc.																																																																																																																									
City & State Ft. Lauderdale, Florida Zip 33312	City & State Ft. Lauderdale, Florida Zip 33312																																																																																																																									
Country USA	Country U.S.A.																																																																																																																									
4. FEI Number 65-1138337		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 TAYLOR, STEPHEN R 1641 SW 47 TERR. FT. LAUDERDALE FL 33317		7. Name and Address of New Registered Agent Name Stephen R. Taylor Street Address (P.O. Box Number is Not Acceptable) 4550 SW 25 Terrace City Ft. Lauderdale FL Zip Code 33312																																																																																																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																										
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PST</td> <td style="width: 30%;">TITLE</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>TAYLOR, STEPHEN R</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1641 SW 47TH TERR.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33317</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="4"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="4"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="4"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="4"> </td></tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PST	TITLE		NAME	TAYLOR, STEPHEN R	NAME		STREET ADDRESS	1641 SW 47TH TERR.	STREET ADDRESS		CITY-ST-ZIP	FORT LAUDERDALE FL 33317	CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition						TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition						TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition						TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition						TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Stephen Taylor</u> - 4-19-04 954-518-0378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																										