

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90288 018 ***150.00

DOCUMENT # P01000121893

1. Entity Name
DIRECT KITCHENS AND FLOORS, INC.



Principal Place of Business
2727 SW 48TH TERR.
CAPE CORAL, FL 33914

Mailing Address
2727 SW 48TH TERR.
C/O MIRAVALLE
CAPE CORAL, FL 33914

14017483



05032005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3850483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WELLMAN, SHELLY
12730 NEW BRITTANY BLVD., 4TH FLOOR
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name **Krater & Assoc.**
Street Address (P.O. Box Number is Not Acceptable) **1109 Del Prado Blvd.**
City **Cape Coral** FL **33914**

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 **Jim McManus**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/05

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE **P/T** ☐ Delete
NAME **PATRICK, MIRAVALLE**
STREET ADDRESS **2727 SW 48TH TERR.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **V/S** ☐ Delete
NAME **MIRAVALLE, MICHELLE**
STREET ADDRESS **2727 SW 48TH TERR.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle Miravalle

Date

5/1/05

Daytime Phone #

8783173(239)