

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004354

FILED
Apr 10, 2012
Secretary of State

Entity Name: GENERAL HOME IMPROVEMENTS, INC.

Current Principal Place of Business:

9895 EL GRECO CIR
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 110053
NAPLES, FL 34108

New Mailing Address:

FEI Number: 30-0041763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON KRAVCIK, NIKITA JOHN
9895 EL GRECO CIR
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VON KRAVCK, NIKITA JOHN
Address: 9895 EL GRECO CIR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: OFFI
Name: VON KRAVCIK, INGRIDA
Address: 9895 EL GRECO CIR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MAN
Name: VON KRAVCIK, NIKOLAJ
Address: 9895 EL GRECO CIR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD
Name: VON KRAVCIK, NIKITA JOHN
Address: P.O.BOX 110053
City-St-Zip: NAPLES, FL 34108

Title: PD
Name: VON KRAVCIK, NIKITA JOHN
Address: P.O.BOX 110053
City-St-Zip: NAPLES, FL 34108

Title: PD
Name: VON KRAVCIK, NIKITA JOHN
Address: P.O.BOX 110053
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NIKITA JOHN VON KRAVCIK

PD

04/10/2012

Electronic Signature of Signing Officer or Director

Date