

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000027208

1. Entity Name

WE IMPROVE SPECIAL HOUSES, INC.



Principal Place of Business

306 S. BOULEVARD
TAMPA, FL 33606-2151

Mailing Address

306 S. BOULEVARD
TAMPA, FL 33606-2151



04032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0621603

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINSER, DAVID A
306 S. BOULEVARD
TAMPA, FL 33606-2151

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000132630
04/27/04-80056-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KINSER, DEBRA S
STREET ADDRESS 306 S BLVD
CITY-ST-ZIP TAMPA, FL 33606

TITLE STD
NAME LUPTON, NANCY A
STREET ADDRESS 8745 OVERLOOK DR
CITY-ST-ZIP TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

4-3-04 813-253-6027