

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90019 020 \*\*\*150.00

**DOCUMENT # P02000041375**

1. Entity Name  
**VICTORY RENOVATIONS, INC.**



Principal Place of Business  
**3324 W. MARLIN AVENUE  
TAMPA, FL 33611**

Mailing Address  
**3324 W. MARLIN AVENUE  
TAMPA, FL 33611**

**54061331**



06162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0683581**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NICHOLS, PHILIP  
3324 W. MARLIN AVENUE  
TAMPA, FL 33611**

**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 \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NICHOLS, PHILIP  
3324 W. MARLIN AVENUE  
TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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

Date

Daytime Phone #

**7/11/04 (813) 679-8560**

Attachment

2406133

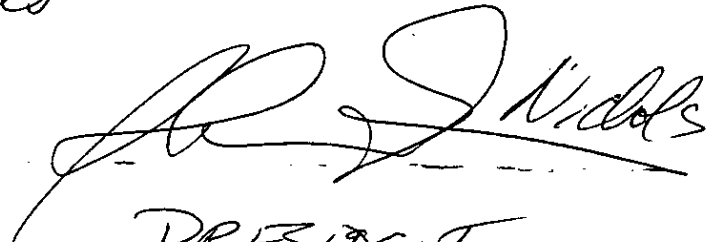
6/22/04

# PO2000041375

To whom it may concern,

Please find the enclosed Annual Report along with my check for \$150.00. I never received anything in the mail so

I called & was informed I should go on line & print out the form and enclose this letter which would enable me to pay \$150.00. Thank you for taking care of this

  
PRESIDENT