


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91225 017 ***150.00

DOCUMENT # P02000085327					
1. Entity Name CASEY'S REMODELING SERVICES INC.					
Principal Place of Business 30 N. LADY MARY DR. #6 CLEARWATER, FL 33755			Mailing Address 30 N. LADY MARY DR. #6 CLEARWATER, FL 33755		
2. Principal Place of Business 2086 MARY SUE ST.		3. Mailing Address ← SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FL		City & State		4. FEI Number 68-0515044	
Zip 33774		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOCHOCKI, KAZIMIERZ 30 N. LADY MARY DR. CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2086 MARY SUE ST. City LARGO, FL Zip Code 33774		
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: <i>Kazimierz Sochocki</i> KAZIMIERZ SOCHOCKI REG. AGENT 4/24/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SOCHOCKI, KAZIMIERZ 30 N. LADY MARY DR. CLEARWATER, FL 33755			TITLE NAME STREET ADDRESS CITY-ST-ZIP 2086 MARY SUE ST. LARGO, FL 33774		
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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: <i>Kazimierz Sochocki</i> KAZIMIERZ SOCHOCKI PRES. 4/24/04 727-588-0334 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					