2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90013 013 ***150.00

DOCUMENT # P02000087705

1. Entity Name
L.J. LEWIS HOME IMPROVEMENT, INC.

Principal Place of Business	Mailing Address
250 SNYDER DR VENICE, FL 34292	250 SNYDER DR VENICE, FL 34292

2. Principal Place of Business	3. Mailing Address
504 Nassau St	504 Nassau St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice FL
Zip: 34285 Country:	Zip: 34285 Country:

07132004 Chg-P CR2E034 (10/03)

4. FEI Number: 43-1970155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENAISSANCE TAX & BUSINESS SERVICES, INC. 5348 DREW RD VENICE, FL 34293	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 7-16-04
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 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: LEWIS, LARY STREET ADDRESS: 250 SNYDER DR CITY-ST-ZIP: VENICE, FL 34292	☐ Delete	☑ Change ☐ Addition TITLE: NAME: STREET ADDRESS: 504 Nassau St CITY-ST-ZIP: Venice FL 34285
TITLE: D NAME: LEWIS, MELISSA STREET ADDRESS: 250 SNYDER DR CITY-ST-ZIP: VENICE, FL 34292	☐ Delete	☑ Change ☐ Addition TITLE: NAME: STREET ADDRESS: 504 Nassau St CITY-ST-ZIP: Venice FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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] Lary Lewis 7-16-04 941 468-2937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #