

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90101 043 ***150.00

DOCUMENT: # P02000109261 1. Entity Name CURB TEX, INC.					
Principal Place of Business 11893 NEWGATE AVENUE PORT CHARLOTTE, FL 33981				Mailing Address 11893 NEWGATE AVENUE PORT CHARLOTTE, FL 33981	
2. Principal Place of Business <i>13615 Drysdale Ave</i>		3. Mailing Address <i>13615 Drysdale Ave.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Port Charlotte, FL</i>		City & State <i>Port Charlotte, FL 33981</i>		4. FEI Number 04-3754811	
Zip <i>33981</i>		Country <i>Charlotte</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINK, LAURA V. 11869 NEWGATE AVENUE PORT CHARLOTTE, FL 33981				7. Name and Address of New Registered Agent Name <i>Roger T. Winch</i> Street Address (P.O. Box Number is Not Acceptable) <i>13615 Drysdale Ave.</i> City <i>Port Charlotte</i> FL Zip Code <i>33981</i>	
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>Roger T. Winch</i> <i>Roger T. Winch</i> DATE <i>03-01-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P MINI, LAURA <input checked="" type="checkbox"/> Delete 11369 NEWGATE AVE., PORT CHARLOTTE, FL 33981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen J. Mink <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 339 A Boundary Blvd. Port Charlotte West, FL 33942	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT Robert A. Allsteadt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13615 Drysdale Ave Port Charlotte, FL 33981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec-Treasurer Roger T. Winch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13615 Drysdale Ave. Port Charlotte, FL 33981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Roger T. Winch</i> Roger T. Winch DATE <i>03-01-04</i> 941-460-0119 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					