


**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  
 13615 Drysdale Ave

3. Mailing Address  
 13615 Drysdale Ave.

Suite, Apt. #, etc.

City & State  
 Port Charlotte, FL

City & State  
 Port Charlotte, FL 33981

Zip  
 33981

Country  
 Charlotte

Zip  
 33981

Country  
 Charlotte



02242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MINK, LAURA V  
 11869 NEWGATE AVENUE  
 PORT CHARLOTTE, FL 33981

4. FEI Number  
 04-3754811

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name Roger T. Winch

Street Address (P.O. Box Number is Not Acceptable)  
 13615 Drysdale Ave.

City Port Charlotte FL Zip Code 33981

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 Roger T. Winch Roger T. Winch 03-01-04

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**  
**After May 1, 2004 Fee will be \$550.00**

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 MINK, LAURA 11369 NEWGATE AVE., PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen J. Mink 339 A Boundary Blvd. Rotonda West, FL 33942	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT Robert A. Allsteadt 13615 Drysdale Ave Port Charlotte, FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec-Treasurer Roger T. Winch 13615 Drysdale Ave. Port Charlotte, FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Roger T. Winch Roger T. Winch 03-01-04 941-460-0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #