2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # P02000123483** 03-19-2004 90062 040 ***150.00 INNOVATIVE MILLWORK & CABINETRY, INC. Principal Place of Business Mailing Address 4413 30 STREET WEST 4413 30 STREET WEST 24025111 BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 31-1432228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOZON, BERNARD J JR Street Address (P.O. Box Number is Not Acceptable) **4413 30 STREET WEST BRADENTON, FL 34207** City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete TITLE ☐ Change ☐ Addition TITLE LOZON, BERNARD J JR NAME NAME STREET ADDRESS STREET ADDRESS 4423 102 ST WEST CITY-ST-ZIP BRADENTON, FL 34210 CITY-57-7P Defete ☐ Change ☐ Addition TITLE NAME ROSA, RUDY NAME STREET ADDRESS 6904 MANATEE AVE W #17-C STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SHUPERT, JEFFREY NAME STREET ADDRESS STREET ADDRESS 3102 37 AVE WEST CITY-ST-ZIP C/TY-ST-ZIP BRADENTON, FL 34205 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. March 15to4 941-915-7496 Bernard I LOZON BR

FILED