


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000132907	
1. Entity Name PRACTICAL COUNTERTOP SOLUTIONS, INC.	

Principal Place of Business 991 SOUTH STATE ROAD 7 #E-6 PLANTATION, FL 33317	Mailing Address 991 SOUTH STATE ROAD 7 #E-6 PLANTATION, FL 33317
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02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3090516	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STIDHAM, ADELA
991 SOUTH STATE ROAD 7
#E-6
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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, 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

**U000000074146
03/03/04-80006-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIDHAM, ADELA 991 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BABCOCK, MICHELLE 991 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STIDHAM, DONALD 991 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BABCOCK, KEVIN 991 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Donald E. Stidham* Donald E. Stidham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

954-792-1695

Daytime Phone #