2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90118 024 ***158.75

DOCUMENT # P02000135436

1. Entity Name
RENAISSANCE CABINETS & MILLWORK, INC.

Principal Place of Business	Mailing Address
2770 FOUNTAIN VIEW CIRCLE #103 NAPLES, FL 34109	2770 FOUNTAIN VIEW CIRCLE #103 NAPLES, FL 34109

2. Principal Place of Business		3. Mailing Address	
6266 JAMES LN		6266 JAMES LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34109	Country: COLLIER	Zip: 34109	Country: COLLIER

08022004 Chg-P CR2E034 (10/03)

4. FEI Number: 04-3729088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICE, ROGER B
5425 PARK CENTRAL CT
NAPLES, FL 34109

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, SCOTT 2770 FOUNTAIN VIEW CIRCLE #103 NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 8/1/04 239 593-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #