

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 2770 FOUNTAIN VIEW CIRCLE #103 NAPLES, FL 34109	Mailing Address 2770 FOUNTAIN VIEW CIRCLE #103 NAPLES, FL 34109
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2. Principal Place of Business 6266 JAMES LN Suite, Apt. #, etc.	3. Mailing Address 6266 JAMES LN Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES, FL
Zip 34109	Country COLLIER

6. Name and Address of Current Registered Agent RICE, ROGER B 5425 PARK CENTRAL CT NAPLES, FL 34109	
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08022004	Chg-P	CR2E034 (10/03)
4. FEI Number 04-372 9088	Applied For Not Applicable	

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

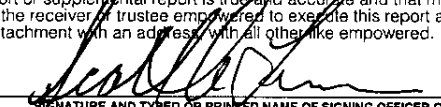
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

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.
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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:  8/1/04 239 593-7702

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