

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90015 025 ***150.00

DOCUMENT # P03000004478

1. Entity Name
CURB APPEAL OF ST. AUGUSTINE, INC.



Principal Place of Business
**5718 CROSSWINDS CIRCLE
ST. AUGUSTINE, FL 32092**

Mailing Address
**5718 CROSSWINDS CIRCLE
ST. AUGUSTINE, FL 32092**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004 Chg-P CR2E034 (10/03)

4. FEI Number

54-2088864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INTERNOSCIA, DAVID
3149 PONCE DE LEON BLVD., UNIT #7
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name **DANIEL BRENNAN**
Street Address (P.O. Box Number is Not Acceptable)
5718 CROSSWINDS CIRCLE
City **ST. AUGUSTINE** FL Zip Code **32092**

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]*
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 ☐ Delete
NAME **PTD BRENNAN, DANIEL**
STREET ADDRESS **5718 CROSSWINDS CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE ☐ Delete
NAME **VSD BRENNAN, NANCY**
STREET ADDRESS **5718 CROSSWINDS CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **NANCY BRENNAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04
Date

904-753-0609
Daytime Phone #