


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000025472 1. Entity Name CATEGORY FIVE COUNTER TOPS, INC.	
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Principal Place of Business 200 KELLY ROAD SUITE 10 NICEVILLE, FL 32578	Mailing Address 200 KELLY ROAD SUITE 10 NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0457844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERSON, JOHN 912 SOUTH PALM BLVD SUITE NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANKFORD, JERRY 418 JAMES AVE VALPARAISO, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGHEW, CHARLES 1769 OSPREY COVE NICEVILLE, FL 32578
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U000000203032
02/02/05-80018-007 8.75

U000000303032
02/02/05-80018-008 150.00

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)(f), 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: <u>Charles R Agnew</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	28 TEN 05 <small>Date</small>	850 699 0887 <small>Daytime Phone #</small>
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