## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT **DOCUMENT # P03000083341**



MR. BUILD-IT DOORS & TRIM, INC			05-10-2004 90481 013 ***150.00
Principal Place of Business 100 SOUTH BUMBY AVENUE ORLANDO, FL 32803	Mailing Address 100 SOUTH BUMBY AVE ORLANDO, FL 32803	NUE	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. 🔯	Suite, Apt. #, etc.		05042004 Chg-P CR2E034 (10/03)
City & State	City & State		4. FELNumber Applied For Not Applicable
Zip Country	Žip	Country	5. Certificate of Status Desired Status Desired See Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
BROWN, JOHN R		Name	+
100 SOUTH BUMBY AVENUE ORLANDO, FL 32803 "		Street Address	s (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			
Signative, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaig Trust Fund Contri	· · · · · · · · · · · · · · · · · · ·	5.00 May Be dded to Fees
10. OFFICERS AND DIRECTORS 1		11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME BROWN, JOHN R STREET ADDRESS 100 SOUTH BUMBY AVENUE CITY-ST-ZIP ORLANDO, FL 32803	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change . ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	- Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

indicated on this report or supplied with this him globs not qualify for the exemption stated in Section 119.07(3)(1), 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 a-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.

Daytime Phone #