2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2004 8:00 am
Secretary of State
05-17-2004 90009 046 ***150.00

66429011

MOORE CR2E034 (11/03)

DOCUMENT # P03000117931

1. Entity Name
STANLEY HOME IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
11145 NE 145TH ST FT MCCOY FL 32134 US	PO BOX 751 FT MCCOY FL 32134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0322363 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY, CHAD A 11145 NE 145TH ST FT MCCOY FL 32134-0751	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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	STANLEY, CHAD A	
STREET ADDRESS	11145 NE 145TH ST	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE	VP	☐ Delete
NAME	STANLEY, DARRIN J	
STREET ADDRESS	26 BANYAN COURSE RUN	
CITY-ST-ZIP	OCALA FL 34472	
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		
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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: Chad Stanley 5-11-04 352-812-4616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

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#P03000117931

To Whom It Concerns,

Please accept our filing fee of $150.00 as we didn't recieve our Annual Report in the Mail until Monday, May 10, 2004. We have had a problem with recieving Mail to our street adress. Our post office has only been using our P.O. Box. We are trying to resolve this continueing problem with our post office

Thank You.

~~Sandy Hom Improvements, Inc~~

Charlotte Lee