

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 FEB 16 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000121384</b> 1. Entity Name <b>MANASOTA HOME IMPROVEMENTS, INC.</b>	
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Principal Place of Business <b>357 6TG AVE. W BRADENTON FL 34205</b>	Mailing Address <b>357 6TG AVE. W BRADENTON FL 34205</b>
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2. Principal Place of Business <b>4023 Sawyer rd Suite, Apt. #, etc 135</b>	3. Mailing Address <b>303 75 st Suite, Apt. #, etc.</b>
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City & State <b>Sarasota FL</b>	City & State <b>Holmes Beach FL</b>	4. FEI Number <b>11-3706581</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34233</b>	Country <b>USA</b>	Zip <b>34217</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent  <b>HEINEMAN, LEE J 357 6TG AVE. W BRADENTON FL 34205</b>	7. Name and Address of New Registered Agent Name <b>Lee Heineman</b> City <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINEMAN, LEE J		NAME		
STREET ADDRESS	503 75TH ST		STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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:** *Lee Heineman* Lee Heineman Pres 2/9/2004 941-929-1168  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E034 (11/03)