

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90711 001 ***450.00

DOCUMENT # P03000129823 1. Entity Name CURB DESIGNS/CURBIT II, INC.			
Principal Place of Business 6238 UNIVERSITY BLVD. #15 WINTER PARK, FL 32972		Mailing Address 6238 UNIVERSITY BLVD. #15 WINTER PARK, FL 32972	
2. Principal Place of Business 6438 University Blvd. Suite, Apt. #, etc. Suite #15		3. Mailing Address 6438 University Blvd. Suite, Apt. #, etc. Suite #15	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792	Country USA	Zip 32792	Country USA
4. FEI Number 86-1087122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUGHAN, RICK L 6238 UNIVERSITY BLVD. #15 WINTER PARK, FL 32972		7. Name and Address of New Registered Agent Name GAUGHAN, RICK L. Street Address (P.O. Box Number is Not Acceptable) 6438 University Blvd. Suite #15 City Winter Park FL Zip Code 32792	
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: <u><i>Rick L. Gaughan</i></u> 3/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, GARY 4750 ROSEWOOD DR. ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT MARTIN, GARY 4750 ROSEWOOD DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TACORONTE, JESUS 14443 DOVER FOREST DR. ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY/TREASURER TACORONTE, JESUS 14443 DOVER FOREST DRIVE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GAUGHAN, RICK L 1800 ALAQUA LAKE BLVD. LONGWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT GAUGHAN, RICK L. 1800 ALAQUA LAKE BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Rick L. Gaughan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/22/04 <small>Date Daytime Phone #</small>	

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