2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P03000137468 DANIEL LEWIS HOME IMPROVEMENTS, INC. Principal Place of Business Mailing Address 235 ARGYLE COURT 235 ARGYLE COURT MARY ESTHER, FL 32569 MARY ESTHER, FL 32569 US 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83-0376862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, DANIEL W DO NOT WRITE 235 ARGYLE COURT MARY ESTHER, FL 32569 IN THIS SPACE 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ШЦ NAME LEWIS, DANIEL W 235 ARGYLE COURT STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 (1000000361611 (15/05/05-80083-015 150,00 VΡ TITLE NAME LEWIS, PATRICIA A STREET ADDRESS 235 ARGYLE COURT CITY-ST-ZIP MARY ESTHER, FL 32569 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-\$1-ZIP TIFLE STREET ACCRESS CITY-ST-ZIP TITLE NAME

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.

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STRING OFFICER OR DIRECTO

04-20-05

850-243-4523

Daytime Phone

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