

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141621

**FILED**  
**Apr 23, 2004**  
**Secretary of State**

**Entity Name:** STULTZ REMODELING & REPAIRS, INC.

**Current Principal Place of Business:**

511 N DIXIE AVE  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

4172 CR 510  
WILDWOOD, FL 34785

**Current Mailing Address:**

302 FOUNTAIN ST  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

4172 CR 510  
WILDWOOD, FL 34785

**FEI Number:** 56-2419378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STULTZ, ROBERT  
511 N DIXIE AVE  
FRUITLAND PARK, FL 34731

**Name and Address of New Registered Agent:**

STULTZ, ROBERT  
4172 CR 510  
WILDWOOD, FL 34785

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.

SIGNATURE: ROBERT STULTZ

04/23/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STULTZ, ROBERT  
Address: 511 N DIXIE AVE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D (X) Delete  
Name: FERGUSON, ANNETTE  
Address: 511 N DIXIE AVE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D (X) Delete  
Name: GERRARD, ROBERT  
Address: 511 N DIXIE AVE  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STULTZ, ROBERT  
Address: 4172 CR 510  
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S STULTZ

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date