

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 09, 2004 8:00 am
Secretary of State**

02-09-2004 90046 016 ***150.00

DOCUMENT # P03000152295

1. Entity Name
GREG BUNCH'S CABINET INSTALLATIONS, INC.



Principal Place of Business
203 S PARSONS AVE
BRANDON, FL 33511

Mailing Address

203 S PARSONS AVE
BRANDON, FL 33511

2. Principal Place of Business

905 10TH ST SW

3. Mailing Address

905 10TH ST SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RUSKIN FLORIDA

City & State

RUSKIN FLORIDA

Zip

33570

Country

USA

Zip

33570

Country

USA

4. FEI Number

20-0493772

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, WEBSTER
203 S PARSONS AVE
BRANDON, FL 33511

Peter J. Fournier IGNORE
16807 Harrierville Pl. ↗
Lithia, FL 33547

Name

Peter J. Fournier

Street Address (P.O. Box Number is Not Acceptable)

16807 Harrierville Pl.

City

Lithia

FL

Zip Code
33547

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

Peter J. Fournier

2/5/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNCH, GREG		NAME		
STREET ADDRESS	905 10TH ST SW		STREET ADDRESS		
CITY-ST-ZIP	RUSKIN, FL 33570		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)(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:

Greg Bunch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04 (813) 893-3026
Date Daytime Phone #