


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90046 016 \*\*\*150.00

<b>DOCUMENT # P03000152295</b>	
1. Entity Name <b>GREG BUNCH'S CABINET INSTALLATIONS, INC.</b>	

Principal Place of Business <b>203 S PARSONS AVE BRANDON, FL 33511</b>	Mailing Address <b>203 S PARSONS AVE BRANDON, FL 33511</b>
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**54003985**

2. Principal Place of Business <b>905 10TH ST SW</b>	3. Mailing Address <b>905 10TH ST SW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>RUSKIN FLORIDA</b>	City & State <b>RUSKIN FLORIDA</b>
Zip <b>33570</b>	Country <b>USA</b>



01062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0493772</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PIERCE, WEBSTER 203 S PARSONS AVE BRANDON, FL 33511</b>	
<b>Peter J. Fournier IGNORE 16807 Harriemridge Pl. → Lithia, FL 33547</b>	

7. Name and Address of New Registered Agent	
Name <b>Peter J. Fournier</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>16807 Harriemridge Pl.</b>	
City <b>Lithia</b>	FL Zip Code <b>33547</b>

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: <b>Peter J. Fournier</b>	DATE: <b>2/5/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUNCH, GREG 905 10TH ST SW RUSKIN, FL 33570</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Change <input checked="" 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
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 I am empowered.	
SIGNATURE: <b>Gary Bunch</b>	Date: <b>2-5-04</b> (813) 897-3026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	