03-28-2005 90070 039 ***1 50.00 P030001 56400

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAE REI ORI										
DOCUMENT # P03000156400 1. Entity-Name DET B. HOME IMPROVEMENT INC							05.85	FIL PR -1.	EU PM 2:	18
PETER HOME IMPROVEMENT INC								•	OF ST.	
Principal Place of Business Mailing Address										
4009-101.4 DRIVE 4163 SHADY OAKSCT 4009-101.4 DRIVE 4163 SHADY OAKSCT 4009-101.4 DRIVE 4163 SHADY OAKSCARASOTA, FL 34231 34233 SARASOTA, FL 34231 34233							TALL	411A 2 5 1	00303	62
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03242005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State Zip Country			4. FEI Number	052170		No	plied For t Applicable
Zip	Country Zip 6. Name and Address of Current Registered Agent			Coun	iary I	L	of Status Desired		\$8.75 Add Fee Required	
 			iogistered Agent	Name	7. Name and	Address of New R	edistered v	rgent		
CUKAN, PETR 4008 IOLA DRIVE 4163 SHADY OAKS CT 5080850TA FI 24221 71/222					Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FL 34231 34233					,	·				
					City			FL	Zip Code	9
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 Spoaturis-typed or printed nume of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND I	DIRECTORS	111.		ADDITIONS/	CHANGES TO OFFI	ICERS AND	DIRECTORS	3 IN 11
IIILE	Р		☐ Deleta	MIL					Change	Addition
HAME .	CUKAN, I	PETER PETER		MASS	E					
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CITY-ST-ZP					- S1 - Z1P					
12. I hereby o	certify that th	e information supplied with	this filing does not qualify for	the exe	mption stated in Se	ction 119.07/31/). Florida Stehdes 1	further cert	fy that the in	Jormation
12. Thereby 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 is sure 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 Statutos; 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: V OR Lyr A La V 03 -24 - 200 5 SIGNATURE AND TYPED ON PRINTED MARK OF SIGNANG OFFICER OR CIRCLETOR Date Date Decree Date Decree Decree Date Decree Decree Date Decree										