

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90069 035 \*\*\*150.00

<b>DOCUMENT # P03000158102</b> 1. Entity Name <b>FLORIDA HOME EXTERIORS, INC.</b>			
Principal Place of Business <b>6820 ST AUGUSTINE RD JACKSONVILLE, FL 32217</b>		Mailing Address <b>6820 ST AUGUSTINE RD JACKSONVILLE, FL 32217</b>	
2. Principal Place of Business <b>9414 NE 307th Ave</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>9414 NE 307th Ave</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Salt Springs, FL 32134</b> <small>Zip Country</small> <b>32134 USA</b>		City & State <b>Salt Springs, FL</b> <small>Zip Country</small> <b>32134 USA</b>	
4. FEI Number <b>20-0582675</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>JOSEPH, J M 6820 ST AUGUSTINE RD JACKSONVILLE, FL 32217</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>BRIAN P. SUCIU</b> Street Address (P.O. Box Number is Not Acceptable) <b>9414 NE 307th Ave</b> City <b>Salt Springs</b> <b>FL</b> <small>Zip Code</small> <b>32134</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: <u>Brian Suci</u> <span style="float: right;">03-29-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SUCIU, BRIAN P</b> STREET ADDRESS <b>9414 NE 307TH AVE</b> CITY-ST-ZIP <b>SALT SPRINGS, FL 32134</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Thursby, John</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>24481 N.E. HWY. 314</b> CITY-ST-ZIP <b>Salt Springs, FL 32134</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u>Brian Suci</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03-29-04 (352) 685-0150 <small>Date Daytime Phone #</small>	