2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# P04000003007

Entity Name: TOUCAN KITCHEN & BATH CORPORATION INC.

Current Principal Place of Business:

8001 COUNTRY RD 674
BUSHNELL, FL 33513

New Principal Place of Business:

8001 COUNTRY RD 674
BUSHNELL, FL 33513 US

Current Mailing Address:

8001 COUNTRY RD 674
BUSHNELL, FL 33513

New Mailing Address:

8001 COUNTRY RD 674
BUSHNELL, FL 33513 US

FEI Number: 58-2679330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEXTON, LINDA
4432 NW 23 AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARKINSON, TERRY W
Address: 8001 COUNTRY RD 674
City-St-Zip: BUSHNELL, FL 33513

Title: V (X) Delete
Name: PARKINSON, TW
Address: 8001 COUNTRY RD 674
City-St-Zip: BUSHNELL, FL 33513

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARKINSON, TERRY W
Address: 8001 COUNTRY RD 674
City-St-Zip: BUSHNELL, FL 33513 US

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

Title: V ( ) Change (X) Addition
Name: PARKINSON, SHARON F VP
Address: 8001 COUTNY RD 674
City-St-Zip: BUSHNELL, FL 33513 US

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: TERRY W PARKINSON P 01/19/2005

Electronic Signature of Signing Officer or Director Date