

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90009 023 ***558.75

DOCUMENT # P04000003424 1. Entity Name BRUCE BALDWIN CABINETRY & TRIM, INC.					
Principal Place of Business 1524 SPRING RIDGE WINTER GARDEN, FL 34787			Mailing Address P.O. BOX 978 OCOE, FL 34761		
2. Principal Place of Business 1540 Sherbourne Ave Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 978 Suite, Apt. #, etc.		
City & State Winter Garden FL			City & State FL OCOEE, FL		
Zip 34787		Country USA		Zip 34761	
Country USA		4. FEI Number 54-2137135			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALDWIN, BRUCE J 1524 SPRING RIDGE WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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><i>Bruce J. Baldwin</i></u> DATE <u>9/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, BRUCE J 1524 SPRING RIDGE WINTER GARDEN, FL 34787		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bruce Baldwin 1540 Sherbourne Ave Winter Garden, FL 34787	
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	
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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><i>Bruce J. Baldwin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9/6/04</u> <small>Daytime Phone #</small>		