


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

04-18-2005 90301 019 ***150.00

DOCUMENT # P04000048904			
1. Entity Name AFFORDABLE KITCHENS & BATH OF-BREVARD, INC.			
Principal Place of Business 1520 W. CORAL CT. MERRITT ISLAND, FL 32952		Mailing Address 1520 W. CORAL CT. MERRITT ISLAND, FL 32952	
2. Principal Place of Business 606 Gladiola Dr.		3. Mailing Address	
Suite, Apt. #, etc. #505		Suite, Apt. #, etc.	
City & State Merritt Island, FL		City & State	
Zip 32952	Country Brevard	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, MARGARET J 1520 W. CORAL CT. MERRITT ISLAND, FL 32952		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 CARROLL, MARGARET J 1520 W. CORAL CT. MERRITT ISLAND, FL 32952 <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	VD PAGE, ROBERT E 1520 W. CORAL CT. MERRITT ISLAND, FL 32952 <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>Margaret J. Carroll</u>		Date: <u>4-13-05</u> Daytime Phone: <u>321-449-9606</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66016609



04062005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0925810** Applied For ☐ Not Applicable