

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90285 046 ***150.00

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DOCUMENT # P04000049558			
1. Entity Name H & K HOME IMPROVEMENTS, INC.			
Principal Place of Business 4732 LORI LANE PACE, FL 32571		Mailing Address 4732 LORI LANE PACE, FL 32571	
2. Principal Place of Business 7729 Walker St. Suite, Apt. #, etc.		3. Mailing Address 7729 Walker St. Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola, FL	
Zip 32526	Country Escambia	Zip 32526	Country Escambia
6. Name and Address of Current Registered Agent HOPKINS, JOEL 4732 LORI LANE PACE, FL 32571		7. Name and Address of New Registered Agent Name William Kimmons Street Address (P.O. Box Number is Not Acceptable) 7729 Walker St. City Pensacola FL Zip Code 32526	
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: <i>William Kimmons, President</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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	P KIMMONS, BENNIE 6488 RENEE CIRCLE MILTON, FL 32570 <input checked="" 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	V KIMMONS, WILLIAM 6488 RENEE CIRCLE MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 7729 Walker St. Pensacola, FL 32526 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOPKINS, JOEL 6488 RENEE CIRCLE MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <i>William Kimmons, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-4-05 (850) 454-5723 Date Daytime Phone #	