2005 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 23, 2005 8:00 am Secretary of State

DOCUMENT # P04000052492 1. Entity Name GEORGE & SONS KITCHEN & BATHS INC					03-23-2005 90050 028 ***150.00				
7964 PUTN/	ce of Business AM CIRCLE RICHEY, FL 34655 US	Mailing Address 7964 PUTNAM CIRCLE NEW PORT RICHEY, FL 3	34655 US		4 4 (4 6 (4 6 (4)) 0 (4)	10037	#)((# 9]((#8;8) #])	A KITIN AXTIN NAMA	ILĀLITĀLĪ PI ETRI
	Place of Business	3. Mailing Address 920 FRU Suite, Apt. #, etc.	VE Da						
.Suite, Apt.	#. etc.	Šuite, Apt. #, etc.	·	00	3192005	Chg-P	CR2	E034 (10/03))
City & Stat	ie .	New Port	Richa	y F.	FEI Number	0751	458K		applied For lot Applicable
Zip	Country	346574 ·	PASCO		Certificate of	Status Desi	ired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	Alama .	7.	Name and A	ddress of N	lew Registere	d Agent	
CASABIAI	NCA, GEORGE P		Name						
7964 PUT	NAM CIRCLE T RICHEY, FL 34655	Street Ac	ddress (P.O.	Box Number	is Not Acce	ptable)			
			City				F	Zip Cod	de
8. The above the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing its re	egistered office or	registered a	gent, or both,	in the State	of Florida. I a	m familiar with	, and accept
SIGNATURE.									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent argnatu	Le todrited when	reinstating)		DATI	Ε	
1									
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib	· · -	\$5.00 i					
After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	DIRECTORS	oution.	Added to	Fees	HANGES TO	OFFICERS A	ND DIRECTOR	RS IN 11
After Ma	OFFICERS AND P CASABIACA, GEORGE P 7964 PUTNAM CIRCLE	OO Trust Fund Contrib	oution.	Added to	Fees		O OFFICERS A	ND DIRECTOR Change	RS IN 11
After Ma	OFFICERS AND P CASABIACA, GEORGE P	DIRECTORS	11. TITLE NAME STREET ADDRESS	Added to AI 920/ NEW	Féés DDITIONS/CH	Rich	Ray F		*****
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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.

SIGNATURI	E: //ko	ngela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/105

7279924890

Daytime Phone #