

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072541

Entity Name: FIORE KITCHEN & BATH, INC.

FILED  
Feb 04, 2005  
Secretary of State

## Current Principal Place of Business:

2995 SE ASTER LANE APT B106  
STUART, FL 34994

## New Principal Place of Business:

8912 SE RETREAT DRIVE  
HOBE SOUND, FL 33455

## Current Mailing Address:

2995 SE ASTER LANE APT B106  
STUART, FL 34994

## New Mailing Address:

8912 SE RETREAT DRIVE  
HOBE SOUND, FL 33455

FEI Number: 41-2136145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIORE, JERRY  
2995 SE ASTER LANE APT B106  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

FIORE, JERRY  
8912 SE RETREAT DRIVE  
HOBE SOUND, FL 33455 US

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:

02/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete  
Name: FIORE, JERRY  
Address: 2995 SE ASTER LANE APT B106  
City-St-Zip: STUART, FL 34994

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FIORE, JERRY  
Address: 8912 SE RETREAT DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: VSTD ( ) Change (X) Addition  
Name: SINGLER, SUSAN  
Address: 8912 SE RETREAT DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

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: SUSAN SINGLER

VSTD

02/04/2005

Electronic Signature of Signing Officer or Director

Date