

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90018 029 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000082968</b> 1. Entity Name <b>START TO FINISH HOME IMPROVEMENTS, INC.</b>																							
Principal Place of Business <b>7321 TROUBLE CREEK RD #1013 NEW PORT RICHEY FL 34653</b>			Mailing Address <b>7321 TROUBLE CREEK RD #1013 NEW PORT RICHEY FL 34653</b>																				
2. Principal Place of Business Suite, Apt. #, etc. <b>S/A</b> City & State <b>S/A</b> Zip <b>S/A</b>		3. Mailing Address <b>P.O. BOX 1185</b> Suite, Apt. #, etc. _____ City & State <b>FL</b> Zip <b>34680</b>																					
Country <b>S/A</b>		Country <b>PASCO</b>		4. FEI Number <b>347999647</b> Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>PALLACE, JAMES A 7321 TROUBLE CREEK RD #1013 NEW PORT RICHEY FL 34653</b>																			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State <b>FL</b> 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>James A. Pallace</i></u> DATE <u>1-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>PALLACE, JAMES A</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>7321 TROUBLE CREEK RD #1013 NEW PORT RICHEY FL 34653</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>PALLACE, JAMES A</b>		CITY-ST-ZIP	<b>7321 TROUBLE CREEK RD #1013 NEW PORT RICHEY FL 34653</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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>James A. Pallace</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-19-05</u> Daytime Phone # <u>(727) 534-8519</u>																			