

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90065 012 ***150.00

DOCUMENT # P04000112997	
1. Entity Name ANAMAR KITCHEN, BATH & INSTALLATION, CORP.	

Principal Place of Business 44 LOUISVILLE DR PALM COAST FL 32137	Mailing Address 44 LOUISVILLE DR PALM COAST FL 32137
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2. Principal Place of Business 44 Louisville Dr.	3. Mailing Address 44 Louisville Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32137	Zip 32137
Country USA	Country USA

2nd MOORE CR2E034 (5/05)



6. Name and Address of Current Registered Agent FAJARDO, MARIANO 44 LOUISVILLE DR PALM COAST FL 32137	
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4. FEI Number 80-0122030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FAJARDO, MARIANO 44 LOUISVILLE DR PALM COAST FL 32137 <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	<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: *M. Fajardo* **Sept 1-05** (386) 871-7291
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #