

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135473

FILED
Mar 01, 2005
Secretary of State

Entity Name: STB RESTORATION , REPAIR & MAINTENANCE, INC.

Current Principal Place of Business:

690 E. HEINBERG STREET
PENSACOLA, FL 32502

New Principal Place of Business:

440 E. HEINBERG STREET
PENSACOLA, FL 32502

Current Mailing Address:

690 E. HEINBERG STREET
PENSACOLA, FL 32502

New Mailing Address:

440 E. HEINBERG STREET
PENSACOLA, FL 32502

FEI Number: 83-0407332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, GLORIA F
690 E. HEINBERG STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

NICHOLS, GLORIA F
440 E. HEINBERG STREET
PENSACOLA, FL 32502 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: GLORIA NICHOLS

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLS, KENT G
Address: 417 KENILWORTH AVENUE
City-St-Zip: GULF BREEZE, FL 32561

Title: VP () Delete
Name: NICHOLS, GLORIA F
Address: 417 KENILWORTH AVENUE
City-St-Zip: GULF BREEZE, FL 32561

Title: S () Delete
Name: NICHOLS, GLORIA F
Address: 417 KENILWORTH AVENUE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLORIA NICHOLS

VP

03/01/2005

Electronic Signature of Signing Officer or Director

Date