## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jul 27, 2005 8:00 am Secretary of State DOCUMENT # P04000156581 07-27-2005 90043 009 \*\*\*150.00 MAIN ST. KITCHEN & BATH, INC. Principal Place of Business Mailing Address 50057746 504 MAIN ST. 3029 CABELA LANE CRESTVIEW, FL 32536 CRESTVIEW, FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 3029 CABELA LANE CRESTVIEW, FL 32539 City 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the m Due by September 7, 2005 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete PARKER, DAVID J NAME STREET ADDRESS 3029 CABELA LANE STREET ADDRESS CITY-ST-ZIF CRESTVIEW, FL 32539 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME GARRETT, JENNIFER L NAME STREET ADDRESS 555, N 68TH AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32506 CITY-ST-ZIP TRES TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARKER, DAVID J NAME STREET ADDRESS 3029 CABELA LANE STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP TITLE ☐ Delete TITLE Channe noitibhA 🔲 NAME GARRETT, JENNIFER L NAME STREET ADDRESS 555. N 68TH AVENUE STREET ADDRESS CITY-ST-ZIP PENSACOLA-Ft 32506 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 appears with all other like empowered.

NING OFFICER OR DIRECTOR

**FILED**