


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90051 048 \*\*\*150.00

<b>DOCUMENT # P05000000570</b> 1. Entity Name NORTH FLORIDA KITCHEN'S & BATH, INC.					
Principal Place of Business 1120 S. MAIN STREET HIGH SPRINGS, FL 32643			Mailing Address P.O. BOX 2462 HIGH SPRINGS, FL 32655		
2. Principal Place of Business - No P.O. Box # 8690 N.W. 45th Court		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Butler, FL		City & State		4. FEI Number 20-2088209	
Zip 32054		Country Union		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THOMPSON, EDMUND H 800 WILSON'S SPRINGS ROAD FT WHITE, FL 32038				7. Name and Address of New Registered Agent Name: Edmund H. Thompson Street Address (P.O. Box Number is Not Acceptable): 2653 S.W. St. Rd. 47 City: Lake City FL Zip Code: 32055	
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: <i>Edmund H. Thompson</i> DATE: 4-30-07 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, EDMUND H 800 WILSON'S SPRINGS ROAD FORT WHITE, FL 32038		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thompson, Edmund H 2653 S.W. St. Rd. 47 Lake City, FL 32055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COX, BRADLEY N 2793 NW MOORE RD. LAKE BUTLER, FL 32054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Edmund H. Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Edmund H. Thompson <small>Date</small> 4-30-07 <small>Daytime Phone #</small> 386-867-2620		

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04232007 Chg-P CR2E034 (12/06)