

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108827

FILED  
Mar 12, 2007  
Secretary of State

**Entity Name:** DAVINCI KITCHEN AND BATH MAKEOVERS INC.

**Current Principal Place of Business:**

670 MUSKMELLON RD.  
INVERNESS, FL 34451

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 123  
INVERNESS, FL 34451

**New Mailing Address:**

**FEI Number:** 20-5400387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSTACCI, EVIE L  
PO BOX  
123  
INVERNESS, FL 34451 US

**Name and Address of New Registered Agent:**

MOSTACCI, EVIE L  
670 MUSKMELLON RD.  
INVERNESS, FL 34450 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:**

Electronic Signature of Registered Agent

03/12/2007

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOSTACCI, EVIE L  
Address: PO BOX 123  
City-St-Zip: INVERNESS, FL 34451

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOSTACCI, EVIE L  
Address: P.O. BOX 123  
City-St-Zip: INVERNESS, FL 34451

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:** EVIE MOSTACCI

Electronic Signature of Signing Officer or Director

P

03/12/2007

Date