

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-28-2008 90370 038 ***150.00

DOCUMENT # P07000044676 1. Entity Name DREAM KITCHENS & BATHS OF CC INC					
Principal Place of Business 3340 W ELDRIDGE DRIVE CITRUS SPRINGS, FL 34433 US			Mailing Address 3340 W ELDRIDGE DRIVE CITRUS SPRINGS, FL 34433 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-8857455	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECCHER, GARY J 3340 W ELDRIDGE DRIVE CITRUS SPRINGS, FL 34433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 4/25/08	
SIGNATURE: <small>Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
P ECCHER, GARY J 3340 W ELDRIDGE DRIVE CITRUS SPRINGS, FL 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
S T ECCHER, JENNIE L 3340 W ELDRIDGE DRIVE CITRUS SPRINGS, FL 34433		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/25/08	
DAYTIME PHONE # 3523022865				DATE 4/25/08	