2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2004
Secretary of State

DOCUMENT# P95000052662

Entity Name: T2 KITCHEN AND BATH, INC.

Current Principal Place of Business:

485 W. SILVESTAR RD.
OCOEE, FL 34791 US

New Principal Place of Business:

485 W. SILVESTAR RD.
OCOEE, FL 34761 US

Current Mailing Address:

485 W. SILVESTAR RD.
OCOEE, FL 34791 US

New Mailing Address:

485 W. SILVESTAR RD.
OCOEE, FL 34761 US

FEI Number: 59-3321923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, THOMAS A
6903 WINDSTREAM TERRACE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

SMITH, THOMAS A
121 NORRIS PLACE
CASSELBERRY, FL 32707 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: THOMAS A. SMITH 03/07/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, THOMAS A
Address: 6903 WINDSTREAM TERRACE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: SMITH, THOMAS A
Address: 6903 WINDSTREAM TERR
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete
Name: LAVVORN, LINDA
Address: APT 370 F NORTH RIVER PARKWAY
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, THOMAS A
Address: 121 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition
Name: SMITH, THOMAS A
Address: 121 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change ( ) Addition
Name: LOVVORN, LINDA
Address: APT 370 F NORTH RIVER PARKWAY
City-St-Zip: ATLANTA, GA 30350

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: THOMAS A. SMITH P 03/07/2004
Electronic Signature of Signing Officer or Director Date