


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90039 001 \*\*\*158.75

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P95000089948</b><br>1. Entity Name<br><b>COMMERCIAL CASEWORK AND WOOD TRIM CO., INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>825 WINDSOR CIRCLE<br/>BRANDON FL 33510</b>   |  |  |  | Mailing Address<br><b>825 WINDSOR CIRCLE<br/>BRANDON FL 33510</b>   |  |
| 2. Principal Place of Business<br><b>1615 GRAND HERITAGE BLVD</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>1615 GRAND HERITAGE BLVD</b><br>Suite, Apt. #, etc. |  |   |  |
| City & State<br><b>VALRICO FL</b><br>Zip<br><b>33594</b>  |  | City & State<br><b>VALRICO FL</b><br>Zip<br><b>33594</b>                     |  | 4. FEI Number<br><b>59-3345705</b>  |  |
| Country<br><b>HILLS</b>   |  | Country<br><b>HILLS</b>  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KEMPTER, CAROL A<br/>825 WINDSOR CIRCLE<br/>BRANDON FL 33510</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>   |  |  |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>   |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DPS</b><br><b>KEMPTER, CAROL A</b><br><b>825 WINDSOR CIRCLE</b><br><b>BRANDON FL 33510</b>  | <input type="checkbox"/> Delete  | TITLE <b>V.P.</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>ROBERT L. DYKES JR.</b><br><b>12504 WEXFORD HILLS RD</b><br><b>RIDGEVIEW FL 33569</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DV</b><br><b>KEMPTER, WILLIAM J</b><br><b>825 WINDSOR CIRCLE</b><br><b>BRANDON FL 33510</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered. |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>Carol Kempter</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <b>2-3-04</b> <b>813-689-3686</b><br><small>Date Daytime Phone #</small> |   |  |