

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90107 043 \*\*\*150.00

DOCUMENT # P96000074304

1. Entity Name  
ONE STOP KITCHENS & BATH, INC.



Principal Place of Business  
2599-22ND AVE NORTH  
ST. PETERSBURG, FL 33713 US

Mailing Address  
2599 B 22ND AVE N  
ST. PETERSBURG, FL 33713 US

66003459



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3398453 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WERNER, SIDNEY  
5720 CENTRAL AVE  
ST. PETERSBURG, FL 33707

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

**POSTED**

**DO NOT WRITE  
IN THIS SPACE**

TITLE	PD
NAME	MEANA, GREGORY C.
STREET ADDRESS	2599-B 22ND AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
TITLE	T
NAME	MEANA, RENEE
STREET ADDRESS	2599-B 22ND AVE N
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: [Signature] PRES Date 2/26/07 Daytime Phone # 727-328-8655