

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90058 027 ***150.00

DOCUMENT # P97000020190

1. Entity Name

FIRST CLASS BATH SYSTEMS INC.



Principal Place of Business

1219 CAPE CORAL PKWY E
CAPE CORAL FL 33904

Mailing Address

1219 CAPE CORAL PKWY E
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0732862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINN, KEVIN B
1227 CAPE CORAL PKWY.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Karen Quinn

Street Address (P.O. Box Number is Not Acceptable)

1227 Cape Coral Pkwy.

Cape Coral, FL

33904

City

FL

Zip Code

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

Karen Quinn

Signature, typed or printed name of registered agent and title if applicable.

Karen Quinn

(NOTE: Registered Agent signature required when reinstating)

1/28/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME QUINN, KEVIN B
STREET ADDRESS 1312 SW 11TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE VP ☐ Delete
NAME QUINN, ANTHONY A
STREET ADDRESS 4963 VICEROY ST #12
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE S ☒ Delete
NAME GEML, MICHAEL P
STREET ADDRESS 1316 SE 32ND TERR.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Quinn, Karen
STREET ADDRESS 1312 SE 11th Terr
CITY-ST-ZIP Cape Coral, FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME Quinn, Karen
STREET ADDRESS 1312 SE 11th Terr
CITY-ST-ZIP Cape Coral, FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Karen Quinn

Karen Quinn

1/28/04

239-549-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #