

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90548 041 ***150.00

DOCUMENT # P98000039615

1. Entity Name
DISTINCTIVE KITCHENS AND BATHS, INC.



Principal Place of Business
**101 SOUTH CONGRESS AVE
SUITE F
DELRAY BEACH, FL 33445**

Mailing Address
**2 SOUTH UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324**

2. Principal Place of Business
1505 POINSETTIA DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 2

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State

Zip
33444

Country
USA

Zip

Country

02232004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0833483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANTER, JUDY
2 SOUTH UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CANTER, JUDY**
STREET ADDRESS **2 SOUTH UNIVERSITY DRIVE, STE 215**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VP** ☐ Delete
NAME **CANTER, ADAM**
STREET ADDRESS **2 SOUTH UNIVERSITY DRIVE, STE 215**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

Judy Canter **Judy Canter**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

561-330-7600
Daytime Phone #