2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068297

1. Entity Name E & B COUNTERTOPS & FABRICATIONS, INC.



FILED Aug 25, 2004 8:00 am Secretary of State 08-25-2004 90003 049 ***150.00

Principal Place of Business 3520 INVESTMENT LN, UNIT 3 RIVIERA BEACH, FL 33404		Mailing Address 3520 INVESTMENT LN, UNIT 3 RIVIERA BEACH, FL 33404				540	069802	
_ · _	lace of Business	3. Mailing Address	RREWLY DI					
Suite, Apt. #, etc. REVERNA BEXAMFL 3				08172004	Chg-P	CR2E034 (10/	03)	
City & Stat		City & State Profile	REPORT ET	4. FEI Numb			Applied For Not Applicable	
3340	04 PR	Zip 33404	Country 3		of Status Desired	□ \$8.75	Additional	
	6. Name and Address of Current			7. Name and	Address of New F			
320 DALY	SE, ERNEST RD A, FL 33469	Name Street Address (s (P.O. Box Numb	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								
				5.00 May Be		with s. 607.193(2) not receive the pr		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWHOUSE, ERNEST 320 DALY RD TEQUESTA, FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWHOUSE, BARBARA 320 DALY RD TEQUESTA, FL 33469	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Char	nge 🔲 Addition	
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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 preciser 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 expowered. SIGNATURE:								
		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Pho	one #	