


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P98000075099 <b>1. Entity Name</b> MARKEL HOME IMPROVEMENTS, INC.	
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<b>Principal Place of Business</b> 5426 MILES BLVD PORT RICHEY, FL 34668 US	<b>Mailing Address</b> 5426 MILES BLVD PORT RICHEY, FL 34668 US
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01062004 No Chg-P CR2E034 (10/03)

<b>4. FCI Number</b> 59-3532650	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WARFEL, MARK 5476 MILES BLVD. PORT RICHEY, FL 34668	<b>DO NOT WRITE IN THIS SPACE</b>
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**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.

<b>SIGNATURE</b> _____ <small>Signature: Typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when re-nating)</small>	<b>DATE</b> _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000106085 04/08/04-80001-014 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>P</b> WARFEL, MARK 5426 MILES BLVD PORT RICHEY, FL 34668
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>S</b> WARFEL, KELLY 5426 MILES BLVD PORT RICHEY, FL 34668
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>V</b> POWELL, BERT 14392 BOWIE RD BROOKSVILLE, FL 34614
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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> <u>Mark Warfel</u> <u>Mark Warfel</u> <u>4-6-04</u> <u>7278590979</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> <small>Daytime Phone #</small>
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