



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90192 010 ***150.00

DOCUMENT # P98000088299			
1. Entity Name CANAC KITCHEN & BATH CONTRACTORS, INC.			
Principal Place of Business 198 W BAY DRIVE LARGO, FL 33770		Mailing Address 198 W BAY DRIVE LARGO, FL 33770	
2. Principal Place of Business 6121 MEARS COURT		3. Mailing Address SAME AS #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33760	Country PUERTO RICO	Zip	Country
4. FEI Number 59-3544706		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUGO, RALPH 304 SPRING CT. CLEARWATER, FL 33755		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		4-29-04	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUGO, RALPH 304 SPRING CT. CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		RALPH RUGO 4-29-04 727.524.6929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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