


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90032 017 \*\*\*150.00

<b>DOCUMENT # P99000076248</b>	
<b>1. Entity Name</b> ANNESE SHOWER & BATH, INC.	

<b>Principal Place of Business</b> 20402 SW 85 AVE. MIAMI FL 33189	<b>Mailing Address</b> 20402 SW 85 AVE. MIAMI FL 33189
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<b>2. Principal Place of Business</b> 7962 SW 186 ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7962 SW 186 ST Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

<b>City &amp; State</b> Miami, FL Zip 33157	<b>Country</b> Miami, Dade	<b>City &amp; State</b> Miami, FL Zip 33157	<b>Country</b> Miami, Dade
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<b>4. FEI Number</b> 65-0943366	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> ANNESE, RICHARD 20402 SW 85 AVE. MIAMI FL 33189
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<b>7. Name and Address of New Registered Agent</b> Name: Richard Annese Street Address (P.O. Box Number is Not Acceptable): 7962 SW 186 ST City: Miami, FL Zip Code: 33157
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<b>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: <u>Richard Annese</u> Richard Annese owner 2-6-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> ANNESE, RICHARD 20402 SW 85 AVE. MIAMI FL 33189 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard Annese</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7962 SW 186 ST Miami, FL 33157
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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>
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<b>SIGNATURE:</b> <u>Richard Annese</u> Richard Annese 2-6-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Daytime Phone #</b> 305 2332910
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