

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S47318

FILED
May 01, 2009
Secretary of State**Entity Name:** INTERCOASTAL KITCHEN & BATH REMODELING CORP.**Current Principal Place of Business:**4951 TAMIAMI TR N
#3
NAPLES, FL 34103 US**New Principal Place of Business:**960 CHALMERS DR.
#103
MARCO ISLAND, FL 34145 US**Current Mailing Address:**4951 TAMIAMI TR N
#3
NAPLES, FL 34103 US**New Mailing Address:**960 CHALMERS DR.
#103
MARCO ISLAND, FL 34145 US**FEI Number:** 65-0254374**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCMULLIN, JOHN A SR
160 PLANTATION CIRCLE
NAPLES, FL 34104 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: MCMULLIN, JOHN A SR
Address: 160 PLANTATION CIRCLE
City-St-Zip: NAPLES, FL 34104**Title:** VP () Delete
Name: MCMULLIN, DONNA J
Address: 160 PLANTATION CIRCLE
City-St-Zip: NAPLES, FL 34104 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MCMULLIN

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date