2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# S75552

Entity Name: FLORIDA SUNROOMS, INC.

Current Principal Place of Business:

11765 MINNEOLA DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11765 MINNEOLA DR
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 65-0278185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABCOCK, RAY
11765 MINNEOLA DR
NEW PORT RICHEY, FL 33060 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STAMBUL, DAVID
Address: 303 SE 6TH AVE
City-St-Zip: POMPANO BCH, FL 33060

Title: VP ( ) Delete
Name: SOBEL, CHARLES
Address: 12608 CATAMARAN PL
City-St-Zip: TAMPA, FL 33618

Title: P ( ) Delete
Name: BABCOCK, RAY
Address: 11765 MINNEOLA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete
Name: BABCOCK, GLORIA
Address: 11765 MINNEOLA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: CHARLES SOBEL VP 04/14/2005

Electronic Signature of Signing Officer or Director Date