

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052662

FILED  
Mar 07, 2004  
Secretary of State

Entity Name: T2 KITCHEN AND BATH, INC.

## Current Principal Place of Business:

485 W. SILVESTAR RD.  
OCOEE, FL 34791 US

## New Principal Place of Business:

485 W. SILVESTAR RD.  
OCOEE, FL 34761 US

## Current Mailing Address:

485 W. SILVESTAR RD.  
OCOEE, FL 34791 US

## New Mailing Address:

485 W. SILVESTAR RD.  
OCOEE, FL 34761 US

FEI Number: 59-3321923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, THOMAS A  
6903 WINDSTREAM TERRACE  
ORLANDO, FL 32818 US

## Name and Address of New Registered Agent:

SMITH, THOMAS A  
121 NORRIS PLACE  
CASSELBERRY, FL 32707 US

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: THOMAS A. SMITH

03/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, THOMAS A  
Address: 6903 WINDSTREAM TERRACE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: SMITH, THOMAS A  
Address: 6903 WINDSTREAM TERR  
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete  
Name: LAWVORN, LINDA  
Address: APT 370 F NORTH RIVER PARKWAY  
City-St-Zip: ATLANTA, GA 30350

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, THOMAS A  
Address: 121 NORRIS PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition  
Name: SMITH, THOMAS A  
Address: 121 NORRIS PLACE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change ( ) Addition  
Name: LOWVORN, LINDA  
Address: APT 370 F NORTH RIVER PARKWAY  
City-St-Zip: ATLANTA, GA 30350

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: THOMAS A. SMITH

P

03/07/2004

Electronic Signature of Signing Officer or Director

Date