

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H72507

Entity Name

TERIOR HOMEWORKS, INC.



1. Place of Business

**1965 OAKHURST AVE.
WINTER PARK FL 32792**

Mailing Address

**1965 OAKHURST AVE.
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

4. Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2569921

Applied For
Not Applicable

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDIG, JAMES P.
1965 OAKHURST AVE.
WINTER PARK FL 32792**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

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, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**DP
REDIG, JAMES P.
1965 OAKHURST AVE
WINTER PARK FL**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Add

**000000396870
01/30/06-80024-025 150.00**

**ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Add

**ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Add

**ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Add

**ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Add

**ADDRESS
CITY-ST-ZIP**

☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Add

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

1-23-06 467756902