


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000062248
 1. Entity Name
 DOUG MACPIKE RENOVATIONS, INC.



Principal Place of Business Mailing Address
 341 JOY LANE 341 JOY LANE
 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE



06062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-1224117 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRAD CONGLETON CPA, INC.
 50 UPTOWN GRAYTON CIRCLE
 15
 SANTA ROSA BEACH, FL 32459

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACPIKE, DOUG
STREET ADDRESS	341 JOY LANE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	VP
NAME	DIACPICE, LESLIE
STREET ADDRESS	341 JOY LANE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/05/07-80003-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Leslie MacPike*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/07 (850)267-2949
 Date Daytime Phone #