

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126187

FILED
Apr 03, 2007
Secretary of State

Entity Name: B & P REMODELING & REPAIR, INC.

Current Principal Place of Business:

160 MAPLE DRIVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

2241 HAMPTON GREEN BLVD
#204
MELBOURNE, FL 32935

Current Mailing Address:

160 MAPLE DRIVE
SATELLITE BEACH, FL 32937

New Mailing Address:

P O BOX 361094
MELBOURNE, FL 32936

FEI Number: 61-1523209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, PETER I
160 MAPLE DRIVE
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

WARD, ROBERT L
2241 HAMPTON GREEN BLVD
#204
MELBOURNE, FL 32935 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: ROBERT L. WARD

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: COLLINS, PETER I
Address: 160 MAPLE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP (X) Delete
Name: WARD, ROBIN
Address: 2241 HAMPTON GREEN BLVD, #204
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: WARD, ROBERT
Address: 2241 HAMPTON GREEN BLVD #204
City-St-Zip: MELBOURNE, FL 32935

Title: T (X) Delete
Name: COLLINS, JESSICA
Address: 160 MAPLE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: WARD, ROBERT
Address: 2241 HAMPTON GREEN BLVD #204
City-St-Zip: MELBOURNE, FL 32935

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 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: ROBERT L. WARD

P

04/03/2007

Electronic Signature of Signing Officer or Director

Date