## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

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STREET ADDRESS
CITY-ST-ZIP

4709 MARGATE DRIVE

JACKSONVILLE, FL 32207

FILED
Jan 18, 2008 08:00 AM
Secretary of State

1. Entity Nam	MENT # 246897 es home improvement co	),			Secretary of Sta			
4709 MARG/	ATE DR.	taiting Address 4709 MARGATE DR. IACKSONVILLE, FL 32207						
	NO NOT WOITE	N TIUC CDA	<b>~</b> =	01092008	8 No Chg-P	CR2E034 (	11/05)	
DO NOT WRITE IN THIS SPA			UE .	4. FEI Number 59-0933669			Applied For Not Applicable	
	·	•	, ,	5. Certifica	ite of Status Desired		75 Addition Required	aı
	6. Name and Address of Current Regis	stered Agent	, ,	<del> </del>				-
JACKSON	RGATE DR. IVILLE, FL 32207		abide and a	IN	NOT V THIS S	PACE	A service of the serv	
	named entity submits this statement for the tions of registered agent.				both, in the State of I		ar with, and	accept
	Signature, typed or printed name of registered agent and little	d'applicable. (NOTE: Registere	ed Agent signature required	(gnilstanier nerwt		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut				.00 May Be led to Fees	01/2	000007895 2/08-8 <mark>0</mark> 03	11 0-002	150.0
10.	OFFICERS AND DIRE	CTORS		: :			12 6 4	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, R BRADLEY 4709 MARGATE DRIVE JACKSONVILLE, FL 32207		y de la distribu					;
TITLE NAME	TSD ALLEN, DORIS I	,	,	•		* *		

## DO NOT WRITE IN THIS SPACE

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: Varia V. allen	DORIS I	ALLEN	1-15-08	737-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIG	NING OFFICER OR DIRECTOR	1	Date	Daytime Phone #