


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000563	
1. Entity Name U. S. REMODELERS, INC.	

Principal Place of Business 750 STATE HIGHWAY 121 BYPASS SUITE 170 LEWISVILLE, TX 75067 US	Mailing Address 750 STATE HIGHWAY 121 BYPASS SUITE 170 LEWISVILLE, TX 75067 US
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2686765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GROSS, MURRAY H 750 STATE HIGHWAY 121 BYPASS, 170 LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULGER, PETER 750 STATE HIGHWAY 121 BYPASS, 170 LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROSS, STEVEN 750 STATE HIGHWAY 121 BYPASS, 170 LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEFRONZO, ROBERT A 750 STATE HIGHWAY 121 BYPASS, 170 LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOODNER, RICHARD B 750 STATE HIGHWAY 121 BYPASS, 170 LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, STEPHEN A 750 STATE HIGHWAY 121 BYPASS, 170 LEWISVILLE, TX 75067

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Robert A. DeFronzo 04/07/2005 214-488-6313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #