

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90027 028 ****61.25

DOCUMENT # F99000003022

1. Entity Name
HOME IMPROVEMENT RESEARCH INSTITUTE, INC.



Principal Place of Business
3922 COCONUT PALM DRIVE
3RD FLR
TAMPA, FL 33619

Mailing Address
3922 COCONUT PALM DRIVE
3RD FLR
TAMPA, FL 33619

40004173



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1020154

Applied For
Not Applicable

Zip

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

ANGEL, ANGELA R
3922 COCONUT PALM DRIVE
TAMPA, FL 33619

Name

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

City

FL

Zip Code

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

Angela R. Angel, Angela R. Angel

1/11/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SANDBERG, DOUG
1 FIRST AVE.
STERLING, IL 61081 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Joseph Faranda
3455 Paces Ferry Rd, C-11
Atlanta, GA 30339 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
MARITATO, JUDY
1800 W. CENTRAL ROAD
MT. PROSPECT, IL 60056 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
SCOTT THOMSON
300 MILL STREET
SHEBOYGAN FALLS, WI 53085 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FARANDA, JOSEPH
2455 PACES FERRY RD. (C-11)
ATLANTA, GA 30339 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NELLIE CALLAHAN
ONE THOMAS CIRCLE, NW, SUITE 600
WASHINGTON, DC 20005 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott J. Thomson 18-JAN-05 920467-5465

Date

Daytime Phone #