## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80576

Address:

City-St-Zip:

Entity Name: FLORIDA RENOVATORS, INC.

FILED Apr 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** FLORIDA RENOVATORS, INC 12033 65TH LANE NORTH LARGO, FL 33773 **New Mailing Address: Current Mailing Address:** FLORIDA RENOVATORS, INC 12033 65TH LANE NORTH LARGO, FL 33773 FEI Number: 59-2824687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JARVIS, DEAN 12033 65TH LANE NORTH LARGO, FL 33773 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition JARVIS, DEAN R Name: Name: 12033 65TH LANE NORTH Address: Address: City-St-Zip: LARGO, FL 33773 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: BROOKS, ESTHER Name: BROOKS, ESTHER 5011 LONDONDERRY DRIVE 5011 LONDONDERRY DRIVE Address: Address: TAMPA, FL 33647 US TAMPA, FL 33647 US City-St-Zip: City-St-Zip: Title: Title: () Delete SEC ( ) Change (X) Addition BROOKS, ESTHER Name: Name: 5011 LONDONDERRY DRIVE Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33647 US Title: () Delete Title: **TRES** ( ) Change (X) Addition BROOKS, ESTHER Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

5011 LONDONDERRY DRIVE

TAMPA, FL 33647 US

SIGNATURE: ESTHER BROOKS VP 04/28/2005