


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K00155**  
 1. Entity Name  
**RUSSELL HOME IMPROVEMENT CENTER, INC.**



Principal Place of Business      Mailing Address  
**7351 DAVIE ROAD EX**      **7351 DAVIE ROAD EXT**  
**HOLLYWOOD, FL 33024 US**      **HOLLYWOOD, FL 33024 US**

**DO NOT WRITE IN THIS SPACE**



02132008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0024256</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**RALPH H RUSSELL JR**  
**3250 SW 131 TERR**  
**FT LAUDERDALE, FL 33030**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL JR., RALPH H. 3250 SW 131 TERR. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL, MELINDA T. 3250 S.W. 131 TERR. FT. LAUDERDALE, FL
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 04/10/08-80092-023 150.00

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:** *Melinda T. Russell*    **Melinda T. Russell**    03/24/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 954-436-9186