

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074711

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: R & R REMODELING & REPAIR, INC.

**Current Principal Place of Business:**

18009 WING AVENUE  
PORT CHARLOTTE, FL 339489313 US

**New Principal Place of Business:**

**Current Mailing Address:**

18009 WING AVENUE  
PORT CHARLOTTE, FL 339489313 US

**New Mailing Address:**

FEI Number: 65-1036291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DREW, PATRICIA  
352 BERRY STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: DREW, JASON P  
Address: 18009 WING AV  
City-St-Zip: PORT CHARLOTTE, FL 339489313

Title: ST ( ) Delete  
Name: DREW, PATRICIA  
Address: 352 BERRY STREET  
City-St-Zip: PUNTA GORDA, FL 339505471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: PATRICIA DREW

ST

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date