## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2006 08:00 AM **DOCUMENT # P00000077934 Secretary of State** 1. Entity Name NORTH BAY REMODELING COMPANY, INC. Mailing Address Principal Place of Business 3040 EGRET TERRACE **3040 EGRET TERRACE** SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 01182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3672008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 5. Name and Address of Current Registered Agent KELMETIS, NICHOLAS DO NOT WRITE 3040 EGRET TERRACE SAFETY HARBOR, FL 34695 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE KELMETIS, NICHOLAS NAME STREET ADDRESS 3040 EGRET TERRACE SAFETY HARBOR, FL 34695 CITY-ST-7IP TITLE 7000001495443 KELMETIS, REGINA NAME STREET ADDRESS 3040 EGRET TERRACE CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the information supplied with this filling 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 chapter during a patterner with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

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