2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000031933

1. Entity Name
TOTAL RENOVATIONS CORPORATION

Principal Place of Business	Mailing Address
6861 ORANGE DR. DAVIE, FL 33314	6861 ORANGE DR. DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1090655	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

NELSON, DARLENE
6861 ORANGE DR.
DAVIE, FL 33314

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	DAVID, JR., GEORGE
STREET ADDRESS	2320 CHESTNUT CT.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026

TITLE	S
NAME	NELSON, DARLENE
STREET ADDRESS	6861 ORANGE DR
CITY-ST-ZIP	DAVIE, FL 33314

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05/05/05-80005-006 150.00

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: _Nelson, Sec._   04/26/05   954 316 8816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #