2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P02000006955 1. Entity Name 04-29-2004 90220 008 \*\*\*158.75 REMODELING UNLIMITED, INC. Principal Place of Business Mailing Address 7817 SAN JOSE BLVD 7817 SAN JOSE BLVD JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address 5185 TAN 5185 TAN Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For 04-3586868 ACKSON Ville ACKSONU Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2258 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Murrett DURRETT, JOHN R JR 7817 SAN JOSE BLVD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 TAN STREET ACKSONVI//e 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Defete 5185 TAN Street JACKSONVIlle, FM. 32258 DURRETT, JOHN R JR NAME NAME 7817 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE 5185 TAN STREET O'STEEN, WILLIAM NAME NAME JACKSONVIlle, FlA. 32258 7817 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST - ZIP Delete ☐ Addition ☐ Chance TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P 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. John R. HURRett.

FILED