

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90349 017 ***150.00

DOCUMENT # P02000045318

1. Entity Name

ABLE REMODELING & DESIGN, INC.



Principal Place of Business

102 W. ELM ST.
TAMPA FL 33604

Mailing Address

102 W. ELM ST.
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

PO BOX 248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MANA FLORIDA

Zip

Country

Zip

Country

33550

U.S.A.

4. FEI Number

04-3651830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, SANDRA
102 W ELM STREET
TAMPA FL 33604

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]* SANDRA SANCHEZ PRESIDENT

02/24/2004

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D PRESIDENT.
NAME SANCHEZ, SANDRA L
STREET ADDRESS 102 W. ELM ST.
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D VICE PRESIDENT.
NAME ARCOS, ALEXANDRA
STREET ADDRESS 102 W. ELM ST.
CITY-ST-ZIP TAMPA FL 33604 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: *[Signature]* SANDRA SANCHEZ PRESIDENT.

02/24/2004 (813) 518-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #