

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90045 033 ***150.00

DOCUMENT # P02000045318

1. Entity Name

ABLE REMODELING & DESIGN, INC.



Principal Place of Business

102 W. ELM ST.
TAMPA FL 33604

Mailing Address

PO BOX 248
MANGO FL 33550

40014010



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

10729 TABOR DR.
Suite, Apt. #, etc.
TAMPA FL.
City & State
33625
Zip

3. Mailing Address

PO BOX 248
Suite, Apt. #, etc.
MANGO FL.
City & State
33550.
Zip

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

SANCHEZ, SANDRA
102 W ELM STREET
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name SANDRA L SANCHEZ
Street Address (P.O. Box Number is Not Acceptable)
10729 TABOR DR.
TAMPA FLORIDA
City
FL Zip Code 33625

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

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

TITLE	D PRESIDENT	<input type="checkbox"/> Delete
NAME	SANCHEZ, SANDRA L	
STREET ADDRESS	102 W. ELM ST.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ARCOS, ALEXANDRA	
STREET ADDRESS	102 W. ELM ST.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2005

Date

Daytime Phone #