

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90107 026 ***150.00

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1. Entity Name
O.R. REMODELING & PAINTING, INC.



Principal Place of Business
**849 B. SKYLAKE CIR.
ORLANDO, FL 32809**

Mailing Address
**849 B. SKYLAKE CIR.
ORLANDO, FL 32809**

40100410



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0447295

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, OMAR
849 B SKY LAKE CIRCLE
ORLANDO, FL 32809**

**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

Omar Rodriguez

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-26-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, OMAR
STREET ADDRESS	849 B SKY LAKE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VP
NAME	GONZALEZ, DIANA P
STREET ADDRESS	849 B SKYLAKE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

VENLAFAXINE HCl
EFFEXOR XR EXTENDED
RELEASE
CAPSULES

PLEASE
THE NEW ADDRESS IS
2315 TREEFERN CT.
ORLANDO, FL 32837.

FOR
O.R. REMODELING
AND PAINTING INC

Omar Rodriguez

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Omar Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-07 (321) 662 4150

Date

Daytime Phone