


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 041 ***150.00

DOCUMENT # P02000087001 1. Entity Name PREMO REMODELING, INC.	
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Principal Place of Business 8543 HILMA ROAD JACKSONVILLE, FL 32244	Mailing Address 8543 HILMA ROAD JACKSONVILLE, FL 32244
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J41000700



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0624578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARUFI, KARRIE 8543 HILMA ROAD JACKSONVILLE, FL 32244	DO NOT WRITE IN THIS SPACE
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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 *Karrie Garufi* 3/23/04
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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARUFI, DAVID 8543 HILMA ROAD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARUFI, KARRIE 8543 HILMA ROAD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARUFI, SAM 8955 TRILBY AVENUE JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Karrie Garufi* 3/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #