2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# P02000087001

Entity Name: PREMO REMODELING, INC.

Current Principal Place of Business:

8543 HILMA ROAD
JACKSONVILLE, FL 32244

New Principal Place of Business:

8955 TRILBY AVE
JACKSONVILLE, FL 32222

Current Mailing Address:

8543 HILMA ROAD
JACKSONVILLE, FL 32244

New Mailing Address:

8955 TRILBY AVE
JACKSONVILLE, FL 32222

FEI Number: 02-0624578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARUFI, KARRIE
8543 HILMA ROAD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

GARUFI, KARRIE
8955 TRILBY AVE
JACKSONVILLE, FL 32222 US

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.

SIGNATURE: KARRIE GARUFI 10/10/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GARUFI, DAVID
Address: 8543 HILMA ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: GARUFI, KARRIE
Address: 8543 HILMA ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: GARUFI, SAM
Address: 8955 TRILBY AVENUE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GARUFI, DAVID
Address: 8955 TRILBY AVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: D (X) Change ( ) Addition
Name: GARUFI, KARRIE
Address: 8955 TRILBY AVE
City-St-Zip: JACKSONVILLE, FL 32222

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARRIE GARUFI RA 10/10/2005
Electronic Signature of Signing Officer or Director Date