2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P02000126413

Entity Name: RHAPSODY RESTORATION & RENOVATION, INC.

Current Principal Place of Business:

2520 CONLEY AVE
TAMPA, FL 33611

New Principal Place of Business:

2905 W. BAY AVE.
TAMPA, FL 33611

Current Mailing Address:

2520 CONLEY AVE
TAMPA, FL 33611

New Mailing Address:

2905 W> BAY AVE.
TAMPA, FL 33611

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMID, SUSAN
2520 CONLEY AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

PRIZANT-SCHMID, SUSAN
2905 W. BAY AVE.
TAMPA, FL 33611 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: SUSAN PRIZANT-SCHMID 04/13/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: SCHMID, SUSAN
Address: 2520 CONLEY AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: PRIZANT-SCHMID, SUSAN
Address: 2905 W.BAY AVE.
City-St-Zip: TAMPA, FL 33611

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: SUSAN PRIZANT-SCHMID PVST 04/13/2005
Electronic Signature of Signing Officer or Director Date