


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90352 017 \*\*\*158.75

**DOCUMENT # P03000009068**

1. Entity Name  
 RLW REMODELING, INC.



Principal Place of Business  
 350 PLAZA  
 ATLANTIC BEACH, FL 32233

Mailing Address  
 350 PLAZA  
 ATLANTIC BEACH, FL 32233

2. Principal Place of Business  
 966 East Coast Dr  
 Suite, Apt. #, etc.


3. Mailing Address  
 966 East Coast Dr.  
 Suite, Apt. #, etc.

City & State  
 Atl. Bch. FL.

City & State  
 Atl. Bch. FL.

Zip  
 32233

Country  
 Duval



03262004 Chg-P CR2E034 (10/03)

4. FEI Number  
 14-1866641

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEHRLEY, RICHARD L  
 966 EAST COAST DRIVE  
 ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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] PRESIDENT DATE 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WEHRLEY, RICHARD L 966 EAST COAST DRIVE ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 4/30/04 DAYTIME PHONE # 904-881-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR