2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90395 046 ***150.00

DOCUMENT # P03000009068

1. Entity Name
RLW REMODELING, INC.

Principal Place of Business	Mailing Address
~~350 PLAZA~~ ATLANTIC BEACH, FL 32233	~~350 PLAZA~~ ATLANTIC BEACH, FL 32233

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
370 Sargo Rd Suite, Apt. #, etc.	370 Sargo Rd Suite, Apt. #, etc.
City & State: Atlantic Beach, FL	City & State: Atlantic Beach, FL
Zip: 32233 Country: US	Zip: 32233 Country: US

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	7. Name and Address of New Registered Agent
WEHRLEY, RICHARD L ~~900 EAST COAST DRIVE~~ ATLANTIC BEACH, FL 32233	Name Street Address (P.O. Box Number is Not Acceptable) 370 Sargo Road City Atlantic Beach, FL Zip Code 32233

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 _____ 4/27/06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WEHRLEY, RICHARD L		NAME		
STREET ADDRESS	~~350 PLAZA~~		STREET ADDRESS	370 Sargo Road	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ 4/27/06 904.881.9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #