


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~~ ~~350 PLAZA~~
 ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233

2. Principal Place of Business 3. Mailing Address

370 Sargo Rd *370 Sargo Rd*

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Atlantic Beach, FL *Atlantic Beach, FL*

Zip Country Zip Country

32233 *US* *32233* *US*

40070400



04282006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

14-1866641 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: *[Signature]* DATE: *4/27/06*

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PS WEHRLEY, RICHARD L 350 PLAZA ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>370 Sargo Road</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Date: *4/27/06* Daytime Phone #: *904.881.9001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR