## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCU									
DOCUMENT # P03000027875  1. Entry Name C. MORGAN REMODELING, INC.						05-01-2006		***150.	.00
Principal Place of Business Making Address					1 4	10074577	4		
690 POSEN COURT NE PALM BAY, FL 32905 PALM BAY, FL 32905									
2. Principal P	3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04192006	Chg-P	CR2E034	(11/05)	
City & State		City & State	City & State		4. FEI Numbe 05-055				oplied For ot Applicable
Zīp Country		Zip	Zip Country			of Status Desired		B.75 Add	Stional
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New F	Registered Ag	ent	
MORGAN, CHARLES R				me					
	N COURT NE /, FL 32905		Str	eet Address (	(P.O. Box Numbe	or is Not Acceptabl	o)		
			Cit					Zip Code	
The above named entity submits this statement for the purpose of changing its registered.							FL	,	
the obligat	) named entity submits this stateme tions of registered agent.	nt for the purpose of changing its i	registered off	ice or registe	red agent, or bot	h, in the State of Fi	orida. Iam far	niliar with,	and accept
SIGNATURE_									
	Signature, typed or printed name of registered in	igent and title if applicable, (NOTE:	: Recistered Apent	signature required			DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5	9. Election Campaig 50.00 Trust Fund Control	ga Financing	\$5	.00 May Be led to Fees		DATE		
	ay 1, 2006 Fee will be \$5		ga Financing	\$5	.00 May Be led to Fees	CHANGES TO OFF		RECTORS	S <b>IN</b> 11
After Ma	OFFICERS A	50.00 Trust Fund Contri	gn Financing ibution.	\$5	.00 May Be led to Fees	CHANGES TO OFF	FICERS AND D	RECTORS	S IN 11
After Ma	ay 1, 2006 Fee will be \$5	50.00 Trust Fund Centre UND DIRECTORS	ga Financing ibution.	\$5 Add	.00 May Be led to Fees	CHANGES TO OFF	FICERS AND D		
After Ma 10. IIILE NAAE	OFFICERS A DPTS MORGAN, CHARLES R	50.00 Trust Fund Centre UND DIRECTORS	gn Financing Ibution.  11.  TITLE NAME	S \$5 Add	.00 May Be led to Fees	CHANGES TO OFF	FICERS AND D		
After Ma  10.  TITLE  NAME  STREET ACORESS	OFFICERS A DPTS MORGAN, CHARLES R 690 POSEN COURT NE	50.00 Trust Fund Centre UND DIRECTORS	gn Financing ibution.  11.  TITLE NAME STREET ADD	S S S S S S S S S S S S S S S S S S S	.00 May Be led to Fees	CHANGES TO OFF	FICERS AND D		
10. TITLE NAME STREET ACCIDENCESS CITY-ST-ZIP TITLE NAME STREET ACCIDENCESS	OFFICERS A DPTS MORGAN, CHARLES R 690 POSEN COURT NE	50.00 Trust Fund Contri NND DIRECTORS Delde	gn Financing ibution.  11.  TITLE NAME STREET ACC CITY- ST-ZE TITLE NAME STREET ACC STRE	#55 Add	.00 May Be led to Fees	CHANGES TO OFF	FICERS AND D	] Change	Addition
After M:  10.  TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS STREET ACCRESS STREET ACCRESS STREET ACCRESS STREET ACCRESS	OFFICERS A DPTS MORGAN, CHARLES R 690 POSEN COURT NE	Trust Fund Control  ND DIRECTORS  Delde	gn Financing ibution.  11.  TITLE NAME STREET ACC CITY-ST-ZK  TITLE NAME STREET ACC CITY-ST-ZK  TITLE NAME STREET ACC	#ESS	.00 May Be led to Fees	CHANGES TO OFF	FICERS AND D	Change	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 trustage 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Charles R. Morgan, Director 04/19/06

321-536-1809