2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P03000027875 1. Entity Name C. MORGAN REMODELING, INC.					03-28-2007 90006 048 ***150.00			
Principal Place of Business 690 POSEN COURT NE PALM BAY, FL 32905		Mailing Address 690 POSEN COURT NE PALM BAY, FL 32905			PPATAAA			
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 05-0557			pplied For ot Applicable	
Zip	Country	Zip	Coun			Status Desired	□ \$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent	·——		7. Name and /	Address of New R		
G. Harris allo				Name			<u>"</u>	
MORGAN, CHARLES R 690 POSEN COURT NE				Street Address (P.O. Box Number is Not Acceptable)				
PALM BAY, FL 32905								
				City	FL Zip Code			
	named entity submits this statement fi ions of registered agent.	or the purpose of changing it	s register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of requestered agent and title of applicable (NOTE Registered Agent agenture required when reinstating) DATE								
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
fine	DPT\$	S October		E			☐ Change	Addition
NAME			NAM					
STREET ADORESS				ET ADDRESS -SI-ZIP				
CITY-ST-ZIP	PALM BAY, FL 32905 Cm			··· -		☐ Change	Addition	
TITLE		CT CEER	NAM				C crange	
STREET ADDRESS			STRE	ET ACCORESS				
CITY-S1-ZIP			CITY	- S(- ZIP				
TITLE		Delete	IMF				Change	☐ Addition
NAME CONCOLADORETE			NAM CTRE	E ET Address				
STREET ADDRESS CHY-\$1-71P				- \$1 - 2MP				
TITLE		Delete	TITL				☐ Change	Addition
NAME			NAM	I				
STREET ADDRESS CITY-S1-ZIP	1			ET ADDRESS		•		
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NAME			HAM					
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CITY-ST-ZIP				 -			☐ Change	T Andries
TITLE		☐ Delete	TITL	l l			C crange	☐ Addition
STREET ADDRESS	1			EET ADDRESS				
			'-\$1-ZIP					
an I bounts	and the that the intermedian grandled wi	it this filing dose not oughly	lor the ex	omotione contains	ed in Chanter 110	Florida Statutos I	hydhar carify that the	information

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and occurred 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:

D ON FRATED NAME OF BIGINGSTEER ON DIRECTOR

321-586-1809