## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000029361

LUZÉNKO'S HOME REMODELING,INC



**FILED** Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

175 NORTH EAST 20 STREET BOCA RATON, FL 33431

Mailing Address

175 NORTH EAST 20 STREET BOCA RATON, FL 33431



## DO NOT WRITE IN THIS SPACE

01312007 No Chg-P

CR2E034 (11/05)

4, FEI Number 33-1058532

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUZENKO, WALTER J JR 175 NORTH EAST 20 STREET BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P LUZERKO, WALTER 175 NORTH EAST 20 ST. BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			i		U00000712094
TITLE NAME				04/26/07-80034-004 158.75	

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: \_

STREET ADDRESS CITY-ST-ZIP

ED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR