

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90001 033 ***150.00

DOCUMENT # P03000064878 1. Entity Name SPEEDY REMODELING, INC			
Principal Place of Business 1010 SW 22ND TERRACE CAPE CORAL, FL 33990		Mailing Address 1010 SW 22ND TERRACE CAPE CORAL, FL 33990	
2. Principal Place of Business 5120 SW 18th Ave		3. Mailing Address 5120 SW 18th Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33914		Zip 33914	
Country US		Country US	
4. FEI Number 16-1673374		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEILL, JAMES 1010 SW 22ND TERRACE CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5120 SW 18th Ave City CAPE CORAL FL Zip Code 33914	
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: <i>[Signature]</i> 5/26-05 Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'NEILL, JAMES 1010 SW 22ND TERRACE CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 5120 SW 18th Ave CAPE CORAL FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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, who all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		5/26/05 239-823-9827 Date Daytime Phone #	