

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117237

FILED
Jun 09, 2005
Secretary of State

Entity Name: ESTES HOME IMPROVEMENTS AND REMODELING, INC.

Current Principal Place of Business:

1 PINE RIDGE TRACE
DESTIN, FL 32541

New Principal Place of Business:

190 PLANTATION WAY
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

1 PINE RIDGE TRACE
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 1099
DESTIN, FL 32541

FEI Number: 54-2130473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESTES, JAMES T
Address: 1 PINE RIDGE TREE
City-St-Zip: DESTIN, FL 32541

Title: STD () Delete
Name: ESTES, KIMBERLY R
Address: 1 PINE RIDGE TREE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ESTES, JAMES T
Address: 190 PLANTATION WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD (X) Change () Addition
Name: ESTES, KIMBERLY R
Address: 190 PLANTATION WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY R. ESTES

STD

06/09/2005

Electronic Signature of Signing Officer or Director

Date