

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117237

FILED  
May 07, 2007  
Secretary of State

Entity Name: ESTES HOME IMPROVEMENTS AND REMODELING, INC.

**Current Principal Place of Business:**

346 CHIPPEWA DR  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

346 CHIPPEWA DR  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 54-2130473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: 190 PLANTATION WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ESTES, JAMES T  
Address: 346 CHIPPEWA DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change ( ) Addition  
Name: ESTES, KIMBERLY R  
Address: 346 CHIPPEWA DRIVE  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES ESTES

PD

05/07/2007

Electronic Signature of Signing Officer or Director

Date