2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124232

1. Entity Name
FLORIDA ROOM ADDITIONS AND REPAIRS, INC.

Principal Place of Business	Mailing Address
144 N SECOND ST OAK HILL, FL 32759	144 N SECOND ST OAK HILL, FL 32759

DO NOT WRITE IN THIS SPACE

02172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
52-2407929	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, BRIAN J
144 N SECOND ST
OAK HILL, FL 32759

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000303003
04/13/05-80094-004 150.00

10.   OFFICERS AND DIRECTORS

	TITLE	DP
	NAME	GREENWOOD, GEORGE W
	STREET ADDRESS	144 N SECOND ST
	CITY-ST-ZIP	OAK HILL, FL 32759
	TITLE	DT
	NAME	WODARD, JERRY L
	STREET ADDRESS	144 N SECOND ST
	CITY-ST-ZIP	OAK HILL, FL 32759

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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)(i), 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: _George W Greenwood_   2-20-2005   386-345-215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #