

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000129849

1. Entity Name

RENOVATION DOCTORS INC.



Principal Place of Business

160 FLORES STREET
MELBOURNE BEACH FL 32951

Mailing Address

160 FLORES STREET
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st, MOORE

CR2E034 (10/05)

4. FEI Number

30-0064012

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLICKSMAN, CHARLES D
160 FLORES STREET
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

GLICKSMAN, CHARLES D
160 FLORES STREET
MELBOURNE BEACH FL 32951

TITLE NAME ☐ Delete

GLICKSMAN, JACK W
160 FLORES STREET
MELBOURNE BEACH FL 32951

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
000000498762
04/24/06-80002-021 150.00

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer or trustee empowered.

SIGNATURE:

[Handwritten Signature]

1-30-06

321-432-8193