

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 049 ***150.00

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 - No P.O. Box #

6812 S Hwy A1A

3. Mailing Address

6812 S Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach FL

City & State

Melbourne Beach FL

Zip

32951

Country

USA

Zip

32951

Country

USA

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
Charles Glicksman

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

6812 S Hwy A1A

City
Melbourne Beach

FL

Zip Code
32951

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

3-8-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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
STREET ADDRESS
CITY-ST-ZIP
P
GLICKSMAN, CHARLES D
160 FLORES STREET
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GLICKSMAN, JACK W
160 FLORES STREET
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-08