


**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      Mailing Address  
**160 FLORES STREET**      **160 FLORES STREET**  
**MELBOURNE BEACH FL 32951**      **MELBOURNE BEACH FL 32951**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**6812 S Hwy A1A**      **6812 S Hwy A1A**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Melbourne Beach FL**      **Melbourne Beach FL**

Zip      Country      Zip      Country  
**32951**      **USA**      **32951**      **USA**

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**30-0064012**      Not Applicable

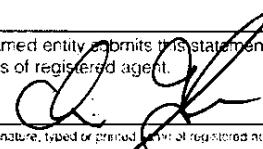
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



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      State      Zip Code  
**Melbourne Beach FL 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       DATE **3-8-08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**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      **\$5.00** May Be  
 Trust Fund Contribution:       Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>GLICKSMAN, CHARLES D</b>	
STREET ADDRESS	<b>160 FLORES STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>GLICKSMAN, JACK W</b>	
STREET ADDRESS	<b>160 FLORES STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:       DATE **3-8-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #