

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90041 001 \*\*\*150.00

DOCUMENT # P03000133282 1. Entity Name INNOVATION REMODELING & REPAIR, INC.	
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Principal Place of Business 580 COUNTY RD 302 BUNNELL, FL 32110	Mailing Address P.O. BOX 1927 BUNNELL, FL 32110
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**DO NOT WRITE IN THIS SPACE**

40019450



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0409405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHAUGHNESSY, JOE 580 COUNTY RD 302 BUNNELL, FL 32110	<b>DO NOT WRITE IN THIS SPACE</b>
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7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SHAUGHNESSY, JOE SHAUGHNESSY, JOE PO BOX 1927 BUNNELL, FL 32110	
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TITLE 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 Chapter 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: <u>Joe Shaughnessy</u> <u>JOE SHAUGHNESSY</u> <u>2/6/07</u> <u>386-437-5457</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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