

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90035 031 ***150.00

DOCUMENT # P03000143967

1. Entity Name

REMODELING ETC., INC.



Principal Place of Business

1210 MAYER DRIVE
JACKSONVILLE FL 32211

Mailing Address

1210 MAYER DRIVE
JACKSONVILLE FL 32211

2. Principal Place of Business or P.O. Box #

1210 Mayer Dr

3. Mailing Address

SM.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jax FL

Zip
32211

Country
U.S.

Zip
322

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 45-0532019

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULBREATH, STEVEN M
1210 MAYER DRIVE
JACKSONVILLE FL 32211

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CULBREATH, STEVEN M
1210 MAYER DRIVE
JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CULBREATH, KATRINA A
1210 MAYER DRIVE
JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
MATHEWS, RUSSELL
1210 MAYER DRIVE
JACKSONVILLE FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

4-6-07

904-838-2700