

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144215

Entity Name: RILEY'S REMODELING, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

2109 ANNISTON RD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2109 ANNISTON RD
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-0380940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, CECIL
2109 ANNISTON RD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RILEY, CECIL OWNER
Address: 2109 ANNISTON RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: RILEY, STEPHEN SUPERIN
Address: 8519 JASPER AVE, LOT 2
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RILEY, STEPHEN SUPERIN
Address: 7640 FREE ST
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECIL RILEY

MR.

04/29/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date