

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151614

Entity Name: CIOFFI REMODELING INC.

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

1809 PENZANCE PKWY
MIDDLEBURG, FL 32068

New Principal Place of Business:

3214 BLISS RD
ORANGE PARK, FL 32065

Current Mailing Address:

1809 PENZANCE PKWY
MIDDLEBURG, FL 32068

New Mailing Address:

3214 BLISS RD
ORANGE PARK, FL 32065

FEI Number: 59-3773531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CIOFFI, ADAM D
1809 PENZANCE PKWY
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

CIOFFI, ADAM D
3214 BLISS RD
ORANGE PARK, FL 32065 US

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:

09/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIOFFI, ADAM D
Address: 1809 PENZANCE PKWY
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: CIOFFI, LEE B
Address: 1809 PENZANCE PKWY
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: GREEN, JOHN W
Address: 1809 PENZANCE PKWY
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CIOFFI, ADAM D
Address: 3214 BLISS RD
City-St-Zip: ORANGE PARK, FL 32065

Title: D (X) Change () Addition
Name: CIOFFI, LEE B
Address: 3214 BLISS RD
City-St-Zip: ORANGE PARK, FL 32065

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

I hereby certify that the information supplied with this filing does not qualify 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: ADAM D CIOFFI

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date