

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153139

FILED
May 02, 2005
Secretary of State

Entity Name: S & N QUALITY HOME REPAIR & LANDSCAPING, INC.

Current Principal Place of Business:

1800 OLD MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

21 WOODCREST LN
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 65-1217471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVA, ANTONIO
83 PEBBLE BEACH DR.
PALM COAST, FL 32164 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: P () Delete
Name: NAVA, ANTONIO
Address: 83 PEBBLE BEACH DR.
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: SNOW, GORDON
Address: 78 WEDGEWOOD LANE
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: NAVA, CHRISTINE D
Address: 21 WOOD CREST LANE
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: WINTERS, JACOB T
Address: 21 WOOD CREST LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NAVA, ANTONIO
Address: 21 WOOD CREST LANE
City-St-Zip: PALM COAST, FL 32164

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

Title: VP (X) Change () Addition
Name: NAVA, CHRISTINE D
Address: 21 WOOD CREST LANE
City-St-Zip: PALM COAST, FL 32164

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTONIO F. NAVA

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date