

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 02, 2005 8:00 am
Secretary of State

08-08-2005 90043 019 ***158.75

DOCUMENT # P04000000790

1. Entity Name

REMODELING SPECIALIST, INC.



Principal Place of Business

4 WOODSIDE DR
PORT ORANGE FL 32129

Mailing Address

4 WOODSIDE DR
PORT ORANGE FL 32129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State

City & State

4. FEI Number 20-0566676

Applied For
Not Applicable

Zip

Country

Zip

Country

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

O'DONNELL, MICHAEL
4 WOODSIDE DR
PORT ORANGE FL 32129

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

MICHAEL T. O'DONNELL

Signature, typed or printed name of registered agent and title if applicable

[Signature]

(Not a Registered Agent signature required when re-registering)

8/2/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 | D | <input type="checkbox"/> Delete |
| NAME | O'DONNELL, MICHAEL | |
| STREET ADDRESS | 4 WOODSIDE DR | |
| CITY-ST-ZIP | PORT ORANGE FL 32129 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MICHAEL, O'DONNELL II | |
| STREET ADDRESS | 4 WOODSIDE DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32129 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'DONNELL, SHIBHON | |
| STREET ADDRESS | 4 WOODSIDE DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32129 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 files empowered.

SIGNATURE:

[Signature] MICHAEL T. O'DONNELL 8/2/05 (386) 547-9076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Phone #

ATTACHMENT

P04000000790
66026837

REMODELING SPECIALIST, INC.

4 WOODSIDE DRIVE

PORT ORANGE, FL 32129

(386) 756-5804

August 29, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

In reference to my corporate renewal, reference number P04000000790, I have not been receiving my renewal until after May 1st deadline. This year, I received it August 1st and sent it out August 2nd. I received it back with a letter stating that I needed to pay the late fee.

The person that I spoke with at the Division of Corporations sometime last week, directed me to resubmit the same form with this letter. I hope this can be resolved for next year's renewal, so I don't have to go through this a third year in a row.

Thanks for your attention to this matter.

Sincerely

Michael T. O'Donnell
President