


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000015863	
1. Entity Name REMODELING SPECIALTIES GROUP, INC.	

Principal Place of Business 8619 N SOUTHGATE SHORES FORT LAUDERDALE, FL 33321	Mailing Address 8619 N SOUTHGATE SHORES FORT LAUDERDALE, FL 33321
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DO NOT WRITE IN THIS SPACE

04012007 No Chg-P CR2E034 (11/05)	
4. FEI Number 45-0535201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, JOHN P
8619 N SOUTHGATE SHORES
FORT LAUDERDALE, FL 33321

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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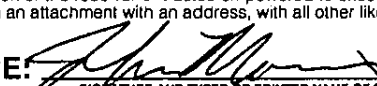
10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MORRIS, JOHN P
STREET ADDRESS	8619 N SOUTHGATE SHORES
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321
TITLE	P
NAME	MORRIS, JOHN
STREET ADDRESS	8619 N SOUTHGATE SHORES
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	S
NAME	MORRIS, JOHN
STREET ADDRESS	8619 N SOUTHGATE SHORES
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	T
NAME	MORRIS, JOHN
STREET ADDRESS	8619 N SOUTHGATE SHORES
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	MORRIS, JOHN
STREET ADDRESS	8619 N SOUTHGATE SHORES
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/17/07-80072-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **John P. Morris** **4-4-07** **941-809-7694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #