


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90013 001 *****8.75
08-28-2006 90013 002 ***550.00

DOCUMENT # P04000018909 1. Entity Name HOME REMODELING & REPAIR INC.					
Principal Place of Business 4414 W. IDLEWILD AVENUE TAMPA, FL 33614 US			Mailing Address 4414 W. IDLEWILD AVENUE TAMPA, FL 33614 US		
2. Principal Place of Business 10209 Carnegie St		3. Mailing Address P O Box 15643			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 26-0079335	
Zip 33634		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, PEDRO SR* 4414 W. IDLEWILD AVENUE TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Marcelly Valdes Street Address (P.O. Box Number is Not Acceptable) 5502 Golden Dr City Tampa FL 3 FL Zip Code 33634			
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 Pedro Valdes (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, PEDRO SR 4414 W. IDLEWILD AVENUE TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marcelly Valdes 5502 Golden Dr Tampa FL 33634 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Pedro Valdes Aug 21/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					