2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-25-2006 90025 041 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07122006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000030394

1. Entity Name
OCAMPO REMODELING INC.

Principal Place of Business	Mailing Address
13953 BLUEGRASS DR JACKSONVILLE, FL 32250	13953 BLUEGRASS DR JACKSONVILLE, FL 32250

2. Principal Place of Business	3. Mailing Address
2463 N Twin Spring Dr	2463 N Twin Spring Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32246 Country: USA	Zip: 32246 Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OCAMPO, ALEJANDRO
13953 BLUEGRASS DR
JACKSONVILLE, FL 32250

7. Name and Address of New Registered Agent

Name: Ocampo, Alejandro
Street Address (P.O. Box Number is Not Acceptable): 2463 N Twin Spring Dr.
City: Jacksonville FL Zip Code: 32246

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P OCAMPO, ALEJANDRO 13953 BLUEGRASS DR JACKSONVILLE, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P. Ocampo, Alejandro 2463 N Twin Spring Dr. Jacksonville, FL 32246 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP Esthela Ocampo 2463 Twin Spring Dr. Jacksonville, FL 32246 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	REINSTATEMENT 2006 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: [signature] 7-20-06 904-813-6824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #