2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046598

City-St-Zip: MISSION DIEGO, CA 92692

Entity Name: CNH CONSTRUCTION & REMODLEING, INC.

FILED Mar 02, 2005 Secretary of State

Littly Maine. CINT CONSTRUCTION & REMODELING, INC.						
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
P.O.BOX 79 OCALA, FL						
Current Mailing Address:			New Mailing Address:			
P.O.BOX 79 OCALA, FL						
FEI Number:	42-1621224	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ALBRITTON, TINA R 7575 W HWY 326 COALA, FL 34482 US			7575 W H	RENTZ, SAUL 7575 W HWY 326 OCALA, FL 34482 US		
The above in the State		ubmits this statement for the p	urpose of changing	its registered office or registered agent, or both,		
SIGNATURE: SAUL RENTZ				03/02/2005		
	Electron	ic Signature of Registered Age	nt	Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	P ()	Delete	Title:	P (X) Change () Addition		
Name:	ALBRITTON, TIN		Name:	RENTZ, SAUL		
Address:	7575 W HWY 3:		Address:	P O BOX 794		
City-St-Zip:	OCALA, FL 344	·82	City-St-Zip:	OCALA, FL 34478		
Title:	V ()	Delete	Title:	V (X) Change () Addition		
Name:	ALBRITTON, DA		Name:	ROGERS, NAOMI		
Address:	7575 W HWY 3:	26	Address:	1064 NW 67TH PLACE		
City-St-Zip:	OCALA, FL 344	-82	City-St-Zip:	OCALA, FL 34478		
Title:	T ()	Delete	Title:	() Change () Addition		
Name:	RENTZ, SAUL		Name:	()		
Address:	15019 NW 134T		Address:			
City-St-Zip:	ALACHUA, FL 3	32616	City-St-Zip:			
Title:	S ()	Delete	Title:	() Change () Addition		
Name:	LEGRANDE, CH		Name:	(/		
Address:	27540 GLENWO	OOD DR R	Address:			

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.

City-St-Zip:

SIGNATURE: SAUL RENTZ P 03/02/2005