


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90034 014 \*\*\*150.00

<b>DOCUMENT # P04000100692</b>	
1. Entity Name <b>EBBELING REMODELING, INC.</b>	

Principal Place of Business <b>26066 SAWGRASS COURT LAND O' LAKES, FL 34639</b>	Mailing Address <b>26066 SAWGRASS COURT LAND O' LAKES, FL 34639</b>
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**66007092**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1326342</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>EBBELING, RICHARD P 26066 SAWGRASS COURT LAND O' LAKES, FL 34639</b>		7. Name and Address of New Registered Agent	
		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when replacing) DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	P EBBELING, RICHARD P 26066 SAWGRASS COURT LAND O' LAKES, FL 34639 <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	<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 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 like empowered.

SIGNATURE: *Richard Ebbeling* **1-31-05** **813 464-3196**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #