

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 JUL -6 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000106526

1. Entity Name
HOME DESIGNS & REPAIR BY JEAN PAUL, INC.



Principal Place of Business Mailing Address
3275 W HILLSBORO BLVD #207 **3275 W HILLSBORO BLVD #207**
DEERFIELD BEACH, FL 33442 **DEERFIELD BEACH, FL 33442**

66018353



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-1393615 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

COLEMAN, ANTHONY G JR Name
3275 W HILLSBORO BLVD #207 Street Address (P.O. Box Number is Not Acceptable)
DEERFIELD BEACH, FL 33442 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 date if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRADE, NANCY 3275 W HILLSBORO BLVD #207 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100054229011 05/10/05--01090--001 **4423.75
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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 exemption stated in Section 119.07(3)(i), Florida Statutes, 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 filing empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

7/6 9/10