2005 FOR PROFIT CORPORATION

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with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICE

Sep 13, 2005 8:00 am Secretary of State **ANNUAL REPORT** 09-13-2005 90002 024 ***150.00 DOCUMENT # P04000123613 1. Entity Name FACADES AND MORE INC. **300000/4** Mailing Address Principal Place of Business 2006 E. 151ST AVENUE 2006 E. 151ST AVENUE LUTZ, FL 33549 US LUTZ, FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08292005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, EDDIE Street Address (P.O. Box Number is Not Acceptable) 2006 E. 151ST AVENUE LUTZ, FL 33549 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE PILE NOWIII- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Oelete TITLE ☐ Change ☐ Addition NAME YOUNG, EDDIE NAME į. 2006 E. 151ST AVENUE STREET ADDRESS STREET ADDRESS LUTZ, FL 33549 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 as 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

FILED

Larry Shrewsbury, CPA

8139298801

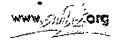
p. 1

Division of Corporations

ATTACHMENT

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Division of Corporations

Annual Report

Annual Report Help

Document Number
P04000123613
Business Entity Name
FACADES AND MORE INC.

F After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number			2015	16273				
FEI Number Statu	s		€ Li	sted Above	Appli	ed For	C	Not Applicable
Certificate of Stati	is Desired	•	C Y	s @ No	\$8.75 eac	ch		
Election Campaign	r Financing Trust Fur	nd Contribution	C Y	es @ No				
	D.,	incinal Dla	-	Dusinas				
	Address	incipal Place 2006 E. 1515			88		-	
		32000 C. 1310	71 //				-	
	Suite, Apt. #, etc.	l Luxo				_		
	City, State	LUTZ		_	, FL			
	Zip Code & Country	33549	us					
		Mailing	Add	ress				
	Address	2006 E. 1519			<u></u>		•	
	Suite, Apt. #, etc.						•	•
	City, State	LUTZ			, FL	-		
	Zip Code & Country	33549	us	-				
	Name an	d Address	of Ra	aistere	d Agent			
	ranic an	u Addiess	VI 144	gistere	a Agent			
Name (Last, I	First, Middle, Title)	YOUNG		EDDIE		_,		
	- OR -							
Business to se	erve as RA						_	
Address (PO	Box is not acceptable	e) 2006 E. 151	ST A	/ENUE	<u> </u>		_	
Suite, Apt. #,	•					·····		
City, State		LUTZ			, FL			
Zip Code & C	Country	33549	US		٠			

Division of Corporations

SOU 66674 Page 2 of 4 # P04000/236/3

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	D,P				
Name (Last, First, Middle, Title)	YOUNG	EDDIE		-,	,
- OR -					
Entity Name to serve as Officer/Director			·		
Street Address	2006 E. 15	1ST AVENUE		 -	 -
City, State	LUTZ		FL		
Zip Code & Country	33549	us			
Title					<u>.</u>
Name (Last, First, Middle, Title)		,		-	,
- OR -					
Entity Name to serve as Officer/Director					
Street Address					
City, State			_,		
Zip Code & Country					
Title					
Name (Last, First, Middle, Title)					
- OR -		·			-
Entity Name to serve as Officer/Director				<u></u>	
Street Address					
City. State					
Zip Code & Country					

•	Title		<u>.</u>	#	PUY	100	0123	1013
	Name (Last, First, Middle, Title)				<u> </u>			
	- OR' 🤏	•		21		"	.91	
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	Entity Name to serve as Officer/Director						_	
	Street Address					<u> </u>		
	City, State							
	Zip Code & Country			_				
	An individual named	ahove or :	an individu	al sioni	ng on he	half of	`an	

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "eigning" this document affirms that the facts stated herein are true.

Continue Reset