## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 26, 2006 8:00 am Secretary of State **DOCUMENT # P04000133884** 05-26-2006 90020 001 \*\*\*150.00 1. Entity Name 05-26-2006 90020 002 \*\*\*\*\*8.75 THUNDER BAY REMODELING, INC. Principal Place of Business Mailing Address 66017319 12203-102ND STREET 12203-102ND STREET LARGO, FL 33773tARGO, FL-33773 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 05162006 Chg-P SEMINOLE, FL City & State SEMINOLE Applied For 4. FEI Number 01-0821473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent oug a s SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 entre 2590 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD Change TITLE ☐ Delete TITLE CHURCH, LEWIS R NAME NAME Po Box 7496 SEMINOLE FL 33775-7496 12203 102ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP. TILE TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**