


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 003 ***150.00

DOCUMENT # P04000133998 1. Entity Name VANCE REMODELING SERVICES, INC.			
Principal Place of Business 5527 17TH AVENUE N ST. PETERSBURG, FL 33710		Mailing Address 5527 17TH AVENUE N ST. PETERSBURG, FL 33710	
2. Principal Place of Business 5527 17th AVE N <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5527 17th AVE N <small>Suite, Apt. #, etc.</small>	
City & State St. Pete FL 33710		City & State St. Pete FL	
Zip 33710		Zip 33710	
Country USA		Country USA	
4. FEI Number 04242005		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROIDA, JOEL D ESQ. 605 - 75TH AVENUE ST. PETE BEACH, FL 33706		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME VANCE, ALLEN E	TITLE _____	NAME _____
STREET ADDRESS 5527 17TH AVENUE N	CITY-ST-ZIP ST. PETERSBURG, FL 33710	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	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 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: <u>Allen Eric Vance</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>04/21/05</u> Daytime Phone #: <u>727-743-4309</u>	