

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000136266

1. Entity Name  
FACELIFT RENOVATIONS INC.



Principal Place of Business  
2374 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

Mailing Address  
2374 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

2. Principal Place of Business  
*2374 Capital Cir. NE*

3. Mailing Address  
*Same*

City & State  
*Tallahassee, FL*  
Zip  
*32308*  
Country  
*USA*

City & State  
Zip  
Country

04182005 Chg-P CR2E034 (10/03)

4. FEI Number  
*84-165 7429*  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BLANK, JAY  
2374 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

## 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 *Jay Blank* DATE *4/18/2005*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | CEO                            | <input type="checkbox"/> Delete |
| NAME           | BLANK, JAY                     |                                 |
| STREET ADDRESS | 2374 CAPITAL CIRCLE NE         |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32308          |                                 |
| TITLE          | V                              | <input type="checkbox"/> Delete |
| NAME           | HODGES, KYLE                   |                                 |
| STREET ADDRESS | 2374 CAPITAL CIRCLE NE         |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32308          |                                 |
| TITLE          | <i>George Allen Alan Mahan</i> | <input type="checkbox"/> Delete |
| NAME           | <i>2374 Capital Cir NE</i>     |                                 |
| STREET ADDRESS | <i>Tallahassee, FL 32308</i>   |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| 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: *JAY BLANK Jay Blank* DATE *4/18/2005* DAYTIME PHONE # *850-933-7216*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05 APR 18 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

