


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90234 004 \*\*\*150.00

<b>DOCUMENT # P04000137724</b>	
1. Entity Name <b>TARDIF REMODELING INC.</b>	

Principal Place of Business <b>7700 OSCEOLA POLK LINE RD. DAVENPORT, FL 33896</b>	Mailing Address <b>7700 OSCEOLA POLK LINE RD. DAVENPORT, FL 33896</b>
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2. Principal Place of Business <b>66 Wright SE</b>	3. Mailing Address <b>66 Wright SE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Haven</b>	City & State <b>Winter Haven</b>
Zip <b>33884</b>	Zip <b>33884</b>
County <b>POLK</b>	County <b>POLK</b>

**40084573**



04042006 Chg-P CR2E034 (11/05)

4. FEI Number <b>72-1587454</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>TARDIF, ANGELA</b>	
<b>7700 OSCEOLA POLK LINE RD.</b>	
<b>DAVENPORT, FL 33896</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>66 Wright SE</b>	
City <b>Winter Haven</b>	FL <b>33884</b>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>TARDIF, JOHN L.</b>		NAME <b>66 Wright SE</b>	
STREET ADDRESS <b>7700 OSCEOLA POLK LINE RD.</b>		STREET ADDRESS <b>Winter Haven, FL 33884</b>	
CITY-ST-ZIP <b>DAVENPORT, FL 33896</b>		CITY-ST-ZIP <b>Winter Haven FL 33884</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>TARDIF, ANGELA</b>		NAME <b>66 Wright SE</b>	
STREET ADDRESS <b>7700 OSCEOLA POLK LINE RD.</b>		STREET ADDRESS <b>Winter Haven FL 33884</b>	
CITY-ST-ZIP <b>DAVENPORT, FL 33896</b>		CITY-ST-ZIP <b>Winter Haven FL 33884</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *John L. Tardif* *4/29/06* Date Daytime Phone #