2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

ANNUAL REPURI				Secretary of State
DOCUMENT # P04000139312 1. Entity Name BOO-TEX HOME IMPROVEMENT, INC.				Secretary of State
Principal Plac 5320 LESCO ORLANDO, FI	T LANE	Mailing Address 5320 LESCOT LANE ORLANDO, FL 32811		
		Aller Aller Annual Property of the Control of the C		03152006 No Chg-P CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 20-1720311 Not Applicable
		روا موسود معرب معادر معرب معادر معا		5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent WOULARD, TERRANCE L 5320 LESCOT LANE ORLANDO, FL 32811			-	DO NOT WRITE IN THIS SPACE
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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5	.00 May Be U00000548266 05/12/06-80058-005 150.00
10. Title Name Street Address City-St-Zip	OFFICERS AND D DP WOULARD, TERRANCE L 5320 LESCOT LANE ORLANDO, FL 32811	RECTORS		
NAME STREET ADDRESS CITY-ST-ZIP				- -
TITLE NAME STITLET ADDRESS CRY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	
TITLE NAME STREET ADDRESS				ess e

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 807, 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:

SIGNATURE:

SIGNATURE AND TYPEG OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Province

Device Province