

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 047 ***550.00

DOCUMENT # P04000144967

1. Entity Name
INTERIOR DEMOLITION SPECIALISTS, INC.



Principal Place of Business
**750 NORTH TAMiami TRAIL
UNIT #519
SARASOTA, FL 34241**

Mailing Address
**750 NORTH TAMiami TRAIL
UNIT #519
SARASOTA, FL 34241**

50060754



2. Principal Place of Business

**5651 Bidwell Parkway
Suite, Apt. #, etc.
Unit 102**

3. Mailing Address

**5651 Bidwell Parkway
Suite, Apt. #, etc.
Unit 102**

07272005 Chg-P CR2E034 (10/03)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

20-1775817

Applied For

Not Applicable

Zip
34233

Country
USA

Zip
34233

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILARDI, SANTO
6577 TAEDA DRIVE
SARASOTA, FL 34241**

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

[Signature] **Santo J Vilardi**

8/1/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ABBEY, JOHN
750 NORTH TAMiami TRAIL, UNIT #519
SARASOTA, FL 34236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VILARDI, SANTO J
6577 TAEDA DR.
SARASOTA, FL 34241** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature] **John Abbey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-951-6576