

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90039 049 ***150.00

DOCUMENT # P04000171027 1. Entity Name SCANLON REMODELING COMPANY, INC.			
Principal Place of Business 6515 BAYSHORE BLVD. APT. 18 TAMPA, FL 33611 US		Mailing Address 6515 BAYSHORE BLVD. APT. 18 TAMPA, FL 33611 US	
2. Principal Place of Business 2803 W. BALLAST POINT BLVD. Suite, Apt. #, etc. APT. A City & State Tampa, FL Zip 33611 Country Hillsborough		3. Mailing Address 2803 W. BALLAST POINT BLVD. Suite, Apt. #, etc. APT. A City & State Tampa, FL Zip 33611 Country Hillsborough	
		01122006 Chg-P CR2E034 (11/05)	
4. FEI Number 86-1129100		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D SCANLON, LORIE 6515 BAYSHORE BLVD APT 18 TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scanlon, Lorie 2803 W. BALLAST POINT BLVD. APT. A TAMPA, FL. 33611 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCANLON, ROBERT 6515 BAYSHORE BLVD APT 18 TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCANLON, Robert 2803 W. BALLAST POINT BLVD. APT. A TAMPA, FL. 33611 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:		01/23/06 (813)835-1314 Date Daytime Phone #	