2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90277 042 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000013277

1. Entity Name
A.J. DIFRANCO RENOVATORS, INC.

Principal Place of Business	Mailing Address
4630 N UNIVERSITY DR SUITE 325 CORAL SPRINGS, FL 33067	4630 N UNIVERSITY DR SUITE 325 CORAL SPRINGS, FL 33067

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0739795 ☐ Applied For ☐ Not Applicable

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
DIFRANCO, ANTHONY 4630 N UNIVERSITY DR SUITE 325 CORAL SPRINGS, FL 33067	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 ______________________________ DATE
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, 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 DIFRANCO, ANTHONY 4630 N UNIVERSITY DR SUITE 325 CORAL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIFRANCO, KATHLEEN 4630 N UNIVERSITY DR SUITE 325 CORAL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Anthony J. DiFranco Pres. 4/10/06 954-501-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
66013200

Construction

A J DiFranco Renovators, Inc.

April 26, 2006

Dept of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

Re: Reference # : P05000013277

Dear Sirs

Enclosed please find corrected copy of my annual report along with a copy of the letter I received.

Sincerely

Anthony J DiFranco

4630 N. University Drive, Suite 325 - Coral Springs, FL 33067 - Tel (954) 501-5220 - Fax (954) 741-2827
Email: AJDRenovators@aol.com