

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000042998

1. Entity Name

FLORIDA REAL ESTATE PROPERTY INVESTMENT
REMODEL AND REHAB SPECIALIST, INC.



Principal Place of Business

4855 NW 96TH DRIVE
CORAL SPRINGS FL 33076

Mailing Address

4855 NW 96TH DRIVE
CORAL SPRINGS FL 33076



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 83-0425054

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ALLISON, MARK
4855 NW 96TH DRIVE
CORAL SPRINGS FL 33076

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, 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ALLISON, MARK
STREET ADDRESS 4855 NW 96TH DRIVE
CITY- ST- ZIP CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 00000456893
CITY- ST- ZIP 03/16/06-80047-011 150.00

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Add
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark D. Allison MARK D. ALLISON - President Owner 954-609-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #