

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90244 009 ***150.00

20044192



05012006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000063696																													
1. Entity Name C AND M RENOVATION AND DESIGN, INC.																													
Principal Place of Business 1205 CHELSEA PL ORLANDO, FL 32803			Mailing Address 1205 CHELSEA PL ORLANDO, FL 32803																										
2. Principal Place of Business 2916 E. Marks St. Suite, Apt. #, etc.		3. Mailing Address 2916 E. Marks St. Suite, Apt. #, etc.																											
City & State Orlando, FL Zip: 32803 Country: USA		City & State Orlando, FL Zip: 32803 Country: USA		4. FEI Number 20-2794170 <input type="checkbox"/> Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CHAVEZ, COREY 1205 CHELSEA PL ORLANDO, FL 32803																									
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 _____																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS																											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE PT </td> <td style="width: 40%;"> NAME CHAVEZ, COREY STREET ADDRESS 1205 CHELSEA PL CITY-ST-ZIP ORLANDO, FL 32803 </td> <td style="width: 30%;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE VS </td> <td> NAME ROGERS-CHAVEZ, MELISSA STREET ADDRESS 1205 CHELSEA PL CITY-ST-ZIP ORLANDO, FL 32803 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				TITLE PT	NAME CHAVEZ, COREY STREET ADDRESS 1205 CHELSEA PL CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE VS	NAME ROGERS-CHAVEZ, MELISSA STREET ADDRESS 1205 CHELSEA PL CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete																		
TITLE PT	NAME CHAVEZ, COREY STREET ADDRESS 1205 CHELSEA PL CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete																											
TITLE VS	NAME ROGERS-CHAVEZ, MELISSA STREET ADDRESS 1205 CHELSEA PL CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete																											
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: <u>Mei J</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											
3-1-06 407-267-0049 Date Daytime Phone #		_____																											