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FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90454 043 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000145603

1. Entity Name
C & I HOME IMPROVEMENT, INC

40091332

Principal Place of Business
3149 PONCE DE LEON BLVD
SUITE 5
ST AUGUSTINE, FL 32085

Mailing Address
PO BOX 977
ST AUGUSTINE, FL 32080

2. Principal Place of Business No P.O. Box #
4985 Cypress Link Blvd
Suite, Apt #, etc.
City & State
Elkton FL
Zip 32033 Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3753736 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STUMBO, WANDA M
755 HWY 17 SOUTH
SAN MATEO, FL 32187

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 ____________

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GARRIDO, CESAR	
STREET ADDRESS	~~686 16TH STREET~~ 4985 Cypress Link Blvd	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080 Elkton Fl 32033	
TITLE	T	☐ Delete
NAME	GARRIDO, INGRY	
STREET ADDRESS	686 16TH STREET 4985 Cypress Link Blvd	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080 Elkton Fl 32033	
TITLE		☐ Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #