

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90097 014 ***150.00

DOCUMENT # P06000104718 1. Entity Name TOTAL HOME REMODELING, INC.			
Principal Place of Business 9390 SW 61ST WAY BOCA RATON, FL 33428		Mailing Address 9390 SW 61ST WAY BOCA RATON, FL 33428	
2. Principal Place of Business - No P.O. Box 7101 NW 77th St Suite, Apt. #, etc.		3. Mailing Address 7101 NW 77th St Suite, Apt. #, etc.	
City & State Tamaraac Zip FL 33321		City & State Tamaraac Zip FL 33321	
4. FE Number 20-5364729		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOSA, LUIS A 9390 SW 61ST WAY BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Joseph K. Nofel, P.E. Street Address (P.O. Box Number is Not Acceptable) 3284 N. Shady Rd #7 City Land Oakes, FL Zip 33319	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete ESPINOSA, LUIS A 9390 SW 61ST WAY BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7101 NW 77th St. Tamaraac, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date 4/6/07 Daytime Phone # 234 5841	