


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90067 016 \*\*\*150.00

<b>DOCUMENT # P06000120414</b>	
1. Entity Name SOGI'S REMODELING INC.	

Principal Place of Business 1820 OAKTRAIL WEST APT. #205 CLEARWATER, FL 33764	Mailing Address 1820 OAKTRAIL WEST APT. #205 CLEARWATER, FL 33764
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2. Principal Place of Business - No P.O. Box # 12120 76TH STREET N.	3. Mailing Address → SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LARGO, FL	City & State
Zip 33773	Country



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5590475	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNAJA, JAN 1820 OAKTRAIL WEST APT. #205 CLEARWATER, FL 33764	7. Name and Address of New Registered Agent Name JAN DUNAJA Street Address (P.O. Box Number is Not Acceptable) 12120 76TH STREET N. City LARGO FL Zip Code 33773
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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 <i>Jan Dunaja</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 3/10/07 (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNAJA, JAN 1820 OAKTRAIL WEST, APT. #205 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12120 76TH STREET N. LARGO, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: <i>Jan Dunaja</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/10/07 727-289-3266