## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000029626

Address:

City-St-Zip:

WELAKA, FL 32193

Entity Name: 3 D NEW CONSTRUCTION & REMODELING INC

FILED Apr 13, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
101 LAKE\ POMONA	VIEW AV PARK, FL 32	181		101 LAKEVIEW AVE POMONA PARK, FL 32181		
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
PO BOX 2 POMONA	57 PARK, FL 32	181				
FEI Number:	: 20-8593409	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	Address of (	Current Registered Agent:	Name and	Address of Ne	ew Registered Agent:	
KREGLO, JAMES D 101 LAKEVIEW AV POMONA PARK, FL 32181 US			101 LAKE	KREGLO, JAMES D 101 LAKEVIEW AVE POMONA PARK, FL 32181 US		
	named entity e of Florida.	submits this statement for the	purpose of changing	ts registered off	ice or registered agent, or both,	
SIGNATUR	RE:			04/13/2009		
	Electro	nic Signature of Registered Ag	jent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KREGLO, SAR 101 LAKEVIEV POMONA PAR P ( KREGLO, JAM 101 LAKEVIEV POMONA PAR	V AV K, FL 32181 ) Delete ES D V AV K, FL 32181 ) Delete Y MO DR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KREGLO, SARA 101 LAKEVIEW / POMONA PARK, ( ) (	AV	
Title: Name: Address:		) Delete	Title: Name: Address:	VP (X) ( SEIGLER, STEVI 590 WEST MAIN		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

POMONA PARK, FL 32181

SIGNATURE: SARA S KREGLO S 04/13/2009