

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104889

FILED
Feb 08, 2009
Secretary of State

Entity Name: DIVERSIFIED HOME REMODELING & REPAIR, INC.

Current Principal Place of Business:

7966 CARRIAGE POINTE DRIVE
GIBSONTON, FL 335343007

New Principal Place of Business:

7873 CARRIAGE POINTE DRIVE
GIBSONTON, FL 335343007

Current Mailing Address:

7966 CARRIAGE POINTE DRIVE
GIBSONTON, FL 335343007

New Mailing Address:

7873 CARRIAGE POINTE DRIVE
GIBSONTON, FL 335343007

FEI Number: 26-1101533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEKALA, ZACHARY J
7966 CARRIAGE POINTE DRIVE
GIBSONTON, FL 335343007 US

Name and Address of New Registered Agent:

CEKALA, ZACHARY J
7873 CARRIAGE POINTE DRIVE
GIBSONTON, FL 335343007 US

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.

SIGNATURE: ZACHARY CEKALA

02/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D, () Delete
Name: CEKALA, ZACHARY J
Address: 7966 CARRIAGE POINTE DRIVE
City-St-Zip: GIBSONTON, FL 335343007

Title: VP D () Delete
Name: CEKALA, JAMIE L
Address: 7966 CARRIAGE POINTE DRIVE
City-St-Zip: GIBSONTON, FL 335343007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D, (X) Change () Addition
Name: CEKALA, ZACHARY J
Address: 7873 CARRIAGE POINTE DRIVE
City-St-Zip: GIBSONTON, FL 335343007

Title: VP D (X) Change () Addition
Name: CEKALA, JAMIE L
Address: 7873 CARRIAGE POINTE DRIVE
City-St-Zip: GIBSONTON, FL 335343007

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.

SIGNATURE: JAMIE CEKALA

VP D

02/08/2009

Electronic Signature of Signing Officer or Director

Date