

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90022 006 ***150.00

DOCUMENT # P95000048142

1. Entity Name

PRIDE RENOVATIONS, INC.



Principal Place of Business

4760 NE 18TH TERR.
FORT LAUDERDALE FL 33308
US

Mailing Address

4760 NE 18TH TERR.
FORT LAUDERDALE FL 33308
US

2. Principal Place of Business

1533 NE 2ND AVE.

3. Mailing Address

1533 NE 2ND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33304

Country

USA

Zip

33304

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0587498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONLEY, JIMMY
1417 NE 3RD AVE
FT LAUDERDALE FL 33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DONLEY, JIMMY ☐ Delete
STREET ADDRESS 4760 NE 18TH TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE P
NAME DONLEY, Jimmy ☐ Change ☒ Addition
STREET ADDRESS 1533 NE 2ND AVE.
CITY-ST-ZIP Fort Lauderdale FL 33304

TITLE VP
NAME ALBERT, EDDIE L ☐ Delete
STREET ADDRESS 4600 DUKE ST., #1421
CITY-ST-ZIP ALEXANDRIA VA 22204

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

9/12/2004 754.214.4122