## Aug 13, 2008 8:00 am Secretary of State **2008 FOR PROFIT CORPORATION** ANNUAL REPORT 08-13-2008 90003 009 \*\*\*550.00 DOCUMENT # P96000001644 C&M HOME IMPROVEMENTS, INC. 40113425 Principal Place of Business Mailing Address 174 PARKVIEW DRIVE 174 PARKVIEW DRIVE PALM COAST, FL 32164 PALM COAST, FL 32164 3. Mailing Address 95 PRGS 106NTIAL W. 2. Principal Place of Business - No P.O. Box # 95 PRESIDENTIAL LA Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 CR2E034 (12/06) SIX & State COAST 4. FEI Number Applied For PALM COAST Fl. 59-3354419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 4.5.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHASE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 174 PARKVIEW DR PALM COAST, FL 32164 CIPALM COAST 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. 8/10/08 PRGSINGUT (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Delete Change TITLE TITLE CHASE, MICHAEL, F NAME NAME 95 PRESIDENTIAL LAWG STREET ADDRESS 174 PARKVIEW DRIVE STREET ADDRESS PALL COAST FI. 33164 PALM COAST, FL 32164 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition DITLE TITLE ALDRIDGE, BRENDA S NAME 95 PROSIDONTIAL LANG STREET ADDRESS 174 PARKVIEW DRIVE STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

MICHAGL F. CNASE 8/10/08

INTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAIL

**FILED**