

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000045949

1. Entity Name
THE RENOVATORS, INC.



Principal Place of Business
18501 COUNCIL CREST DR
ODESSA, FL 33556 US

Mailing Address
18501 COUNCIL CREST DR
ODESSA, FL 33556 US



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3383269

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIANO, SHERRIE M
18501 COUNCIL CREST DR
ODESSA, FL 33556

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000741462
05/15/07-80029-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PIANO, SHERRIE M
STREET ADDRESS 18501 COUNCIL CREST DR
CITY-ST-ZIP ODESSA, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Sherrie Piano / Sherrie Piano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07

Date

813-928016

Daytime Phone #