

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000104913**

1. Entity Name  
**COMMERCIAL REPAIR & RENOVATION, INC.**



Principal Place of Business  
**4800 WOODLANE CIR.  
TALLAHASSEE, FL 32303**

Mailing Address  
**4800 WOODLANE CIR.  
TALLAHASSEE, FL 32303**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3547637**

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**

**BIST, MICHAEL P  
1300 THOMASWOOD DR.  
TALLAHASSEE, FL 32312**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DEESE, MICKEY J
STREET ADDRESS	4132 FRED GEORGE RD.
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	VSD
NAME	BENTON, TONY C
STREET ADDRESS	48 SANDERS CEMETARY RD.
CITY - ST - ZIP	SOPCHOPPY, FL 32358
TITLE	VTD
NAME	WELLS, BARTLETT C
STREET ADDRESS	339 MILESTONE DR.
CITY - ST - ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000225112  
02/11/05-80026-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 # \_\_\_\_\_