

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90014 019 ***150.00

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**

40034782

2. Principal Place of Business - No P.O. Box #
4495 CAPITAL CIRCLE NW
Suite, Apt. #, etc.

3. Mailing Address
4495 CAPITAL CIRCLE NW
Suite, Apt. #, etc.



02212007 Chg-P CR2E034 (12/06)

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
59-3547637

Applied For
☐ Not Applicable

Zip
32303

Country
USA

Zip
32303

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2007 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 ☐ Delete
NAME **DEESE, MICKEY J**
STREET ADDRESS **4132 FRED GEORGE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE VSD ☐ Delete
NAME **BENTON, TONY C**
STREET ADDRESS **48 SANDERS CEMETARY RD.**
CITY-ST-ZIP **SOPCHOPPY, FL 32358**

TITLE VTD ☐ Delete
NAME **WELLS, BARTLETT C**
STREET ADDRESS **339 MILESTONE DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME **DEESE, MICKEY J**
STREET ADDRESS **4495 CAPITAL CIRCLE NW**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE VSD ☒ Change ☐ Addition
NAME **BENTON, TONY C**
STREET ADDRESS **4495 CAPITAL CIRCLE NW**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE VTD ☒ Change ☐ Addition
NAME **WELLS, BARTLETT C**
STREET ADDRESS **4495 CAPITAL CIRCLE NW**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-07