2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000104913

Entity Name

COMMERCIAL REPAIR & RENOVATION, INC.



02-12-2008 90009 030 ***150.00

Feb 12, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

4495 CAPITAL CIR NW TALLAHASSEE, FL 32303 Mailing Address

4495 CAPITAL CIR NW TALLAHASSEE, FL 32303



01222008

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3547637

Applied For Not Applicable

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

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			4-		
9 The above	parried entity authority this statement for the autrope of changing its register	ed office or registered accept, or b	oth, in the State o	f Florida Lam familiar vi	ith, and accept
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.					
, 1 A 35					
SIGNATURE_					
t.,	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating)		DATE	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 -9. Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees			
10.	• OFFICERS AND DIRECTORS	Property Company of the party	A wr.	3. 113.13.11 U.S.	4 3 * . * 1 22 * 1
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CITY-ST-ZIP	TALLAHASSEE, FL 32303		•		
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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:

TURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-07-08

350-562-1007