2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90169 037 ***150.00

DOCUMENT # P99000042854

1. Entity Name
MURZA INTERIOR EXTERIOR REMODELING, INC.

Principal Place of Business	Mailing Address
161 PEACOCK DR. ALTAMONTE SPRINGS, FL 32701	161 PEACOCK DR. ALTAMONTE SPRINGS, FL 32701

03052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1960 DEERVIEW PLACE	1960 DEERVIEW PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32750 Country: SEMINOLE	Zip: 32750 Country: SEMINOLE

4. FEI Number 59-3573482 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURZA, GABRIELA M
161 PEACOCK DR.
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1960 DEERVIEW PLACE

City LONGWOOD FL Zip Code 32750

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P MURZA, JAN 1960 DEERVIEW PLACE LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP MURZA, GABRIELA M 1960 DEERVIEW PLACE LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP D JAN MURZA JR. 724 TEAL LANE ALTAMONTE SPRINGS, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: Gabriela Murza 4-15-06 407-339-0601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #