





# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90014 047 \*\*\*150.00

<b>DOCUMENT # P99000065983</b> 1. Entity Name <b>PROVIDENCE HOMES AND RENOVATIONS, INC.</b>					
Principal Place of Business <b>15601 LAKE MAGDALENE BLVD TAMPA FL 33613</b>				Mailing Address <b>15601 LAKE MAGDALENE BLVD TAMPA FL 33613</b>	
2. Principal Place of Business <b>3614 Lykes Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3614 Lykes Ave</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>59-3595477</b>	
Zip <b>33609</b> Country <b>Hillsborough</b>		Zip <b>33609</b> Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LESLIE, JOHN R. 15601 LAKE MAGDALENE BLVD TAMPA FL 33613</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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:  (NOTE: Registered Agent signature required when re-registering) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>LESLIE, JOHN</b> STREET ADDRESS <b>15601 LAKE MAGDELENE BLVD</b> CITY- ST- ZIP <b>TAMPA FL 33613</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>LESLIE, BETSY</b> STREET ADDRESS <b>15601 LAKE MAGDELENE BLVD</b> CITY- ST- ZIP <b>TAMPA FL 33613</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	
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TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	
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: 				Date <b>4-27-05</b> Deytime Phone # <b>813-453-3357</b>	