## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P03000047962** 1. Entity Name 02-28-2007 90007 039 \*\*\*150.00 EMERGENCY HOME REPAIR SERVICES, INC. Principal Place of Business Mailing Address 4411 BEE RIDGE RD 4411 BEE RIDGE RD 334 334 SARASOTA FL 34233 SARASOTA, FL 34233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 04-3757385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAN, MICHAEL L ESQ. Street Address (P.O. Box Number is Not Acceptable) **BROWN CLARK CHRISTOPHER & DEMAY** 1819 MAIN ST., STE. 1100 SARASOTA, FL 34236 City 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 reigstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **Delete** TITLE SAlerino, Christopher S. S. SALERNO, CHRISTOPHER S SR NAME NAME 1910 Russell Manor Rd 4540 8TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP Hiawassee GA. 30546 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. (hRistopher 5. Salerno, SR. President SIGNATURE:

FILED

Feb 28, 2007 8:00 am