

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 03, 2006 8:00 am
Secretary of State

02-10-2006 90006 043 ***150.00

DOCUMENT # P05000035544

1. Entity Name
CRH REPAIR SERVICES INC



Principal Place of Business
**PO BOX 13094
NORTH PALM BEACH, FL 33408 US**

Mailing Address
**PO BOX 13094
NORTH PALM BEACH, FL 33408 US**

66003466



2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2528520

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELISI & BYCK ACCOUNTING & TAX SERVICES
4361 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**

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 fee 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
HORAN, CHARLES
PO BOX 13094
NORTH PALM BEACH, FL 33408**

☐ Delete

TITLE
NAME
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CITY- ST- ZIP

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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

Charles R. Horan **CHARLES R. HORAN**

2-8-06

561 876 2432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
66003466

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2006

CRH REPAIR SERVICES INC
PO BOX 13094
NORTH PALM BEACH, FL 33408 US

Subject: CRH REPAIR SERVICES INC

Reference Number: P05000035544

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION