


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


PD 4-9-07  
 AK# 1194 FILED  
 \$ Apr 11, 2007 08:00 A  
 Secretary of State

DOCUMENT # P05000035544  
 1. Entity Name  
 CRH REPAIR SERVICES INC



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

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)  
 4. FEI Number 20-2528520 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DELISI & BYCK ACCOUNTING & TAX SERVICES  
 4361 NORTHLAKE BLVD  
 PALM BEACH GARDENS, FL 33410

**DO NOT WRITE IN THIS SPACE**

B. 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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HORAN, CHARLES
STREET ADDRESS	PO BOX 13094
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/07-80039-014 150.00  
**DO NOT WRITE IN THIS SPACE**

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 4-9-07 848-8188  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #