

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90042 004 ***150.00

DOCUMENT # P03000145953

1. Entity Name
REPAIR SERVICE OF FLORIDA, INC.



Principal Place of Business
9228 NE JACKSONVILLE RD
ANTHONY, FL 32617

Mailing Address
9228 NE JACKSONVILLE RD
ANTHONY, FL 32617

20006273



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1090874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JENNINGS, DONALD R
9228 NE JACKSONVILLE RD
ANTHONY, FL 32617

**DO NOT WRITE
IN THIS SPACE**

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

Donald R. Jennings

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/9/07

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	JENNINGS, DONALD R
STREET ADDRESS	9228 NE JACKSONVILLE RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	T
NAME	JENNINGS, TYLER
STREET ADDRESS	2008 NE 8TH RD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	S
NAME	JENNINGS, KATHRYN
STREET ADDRESS	9228 NE JACKSONVILLE RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 any address, with all other like empowered.

SIGNATURE:

Donald R. Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07

Date

(352) 732-4635

Daytime Phone #