

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003435

FILED
Feb 03, 2009
Secretary of State

Entity Name: PARAMOUNT INSURANCE REPAIR SERVICE, INC.

Current Principal Place of Business:

2418 BLACK GOLD CT
HOUSTON, TX 77073 US

New Principal Place of Business:

Current Mailing Address:

2418 BLACK GOLD CT
HOUSTON, TX 77073 US

New Mailing Address:

FEI Number: 74-2753546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KARM, DONALD M
Address: 54 RIVA ROW
City-St-Zip: THE WOODLANDS, TX 77380

Title: VPD () Delete
Name: KARM, DWIGHT
Address: 8211 AGISTA PINE PKWY WEST
City-St-Zip: SPRING, TX 77387

Title: VPD () Delete
Name: KARM, WAYLON D
Address: 2418 BLACK GOLD COURT
City-St-Zip: HOUSTON, TX 77073

Title: PD () Delete
Name: DEATON, CHARLES L
Address: 2418 BLACK GOLD CT
City-St-Zip: HOUSTON, TX 77073

Title: STD () Delete
Name: ABBOTT, WILLIAM D
Address: 18700 PALM BEACH BLVD.
City-St-Zip: MONTGOMERY, TX 77356

Title: VPD () Delete
Name: WARD, ROBERT D
Address: 2418 BLACK GOLD COURT
City-St-Zip: HOUSTON, TX 77073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: KARM, DWIGHT R
Address: 8211 AGUSTA PINE PKWY WEST
City-St-Zip: SPRING, TX 77387

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D ABBOTT

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02/03/2009

Electronic Signature of Signing Officer or Director

Date