

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90187 018 ***150.00

DOCUMENT # K48062 1. Entity Name EARL'S SERVICE & REPAIR, INC					
Principal Place of Business % WILLIAM EARL BROWN UNIT #2, 968 PONDELLA ROAD NORTH FT. MYERS, FL 33903			Mailing Address % WILLIAM EARL BROWN UNIT #2, 968 PONDELLA ROAD NORTH FT. MYERS, FL 33903		
2. Principal Place of Business 2002 FLAMINGO Suite, Apt. #, etc.			3. Mailing Address 2002 FLAMINGO Suite, Apt. #, etc.		
City & State N. FT. MYERS		City & State N. FT. MYERS FL		4. FEI Number 65-0090876	
Zip 33917		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, WILLIAM EARL 968 PONDELLA ROAD UNIT #2 NORTH FT. MYERS, FL 33903				7. Name and Address of New Registered Agent Name MICHAEL E. BROWN Street Address (P.O. Box Number is Not Acceptable) 2002 FLAMINGO City N. FT. MYERS FL Zip Code 33917	
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  DATE 4/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS <input type="checkbox"/> Delete BROWN, WILLIAM EARL 15397 MOONRAKER CT #602 NORTH FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete BROWN, MICHAEL EARL 2002 FLAMINGO NORTH FORT MYERS, FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			4/7/05 239-995-4646 <small>Date Daytime Phone #</small>		

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