

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90019 046 ***150.00

DOCUMENT # M71204

1. Entity Name

PROFESSIONAL REPAIR SERVICE, INC.



Principal Place of Business
11713 S. WHITE BLUFF DR.
JACKSONVILLE FL 32211

Mailing Address
11713 S. WHITE BLUFF DR.
JACKSONVILLE FL 32211



2. Principal Place of Business - No P.O. Box #.

PR5 1A/C 11713 WHITE BLUFF DR. SO.

Suite, Apt. #, etc.
JAX FL

City & State

3. Mailing Address

11713 S. WHITE BLUFF DR. SO.

Suite, Apt. #, etc.
32225

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2888623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARLEY, DAVID P SR, CPA
GUNN & COMPANY, CPA, PA
4887 BELFORT RD, SUITE201
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

Eugene W. Colvin

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COLVIN, EUGENE WADE
STREET ADDRESS 2145 UNIV BLVD N
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME COLVIN, JUDITH A
STREET ADDRESS 11713 S. WHITE BLUFF DR
CITY-ST-ZIP JAX FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Eugene W. Colvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

EUGENE W. COLVIN 1-28-08 904-631-4880 Col