

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90205 005 ***150.00

DOCUMENT # P0000000300

1. Entity Name
WREN SMALL ENGINE REPAIR, INC.



Principal Place of Business Mailing Address
2101 41ST AVE. N. **2101 41ST AVE. N.**
ST. PETERSBURG, FL 33714 **ST. PETERSBURG, FL 33714**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
19283 165 LANE **19283 165 LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OBRLEN, FL **OBRLEN, FL**
 Zip Country Zip Country
32071 **USA** **32071** **USA**

00055472



04202008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3616075 Not Applicable

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

6. Name and Address of Current Registered Agent
WREN, DANIEL T
2101 41ST AVE. N.
ST. PETERSBURG, FL 33714

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: *Daniel T. Wren* DATE: **4-26-2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSC	<input type="checkbox"/> Delete
NAME	WREN, DANIEL T	
STREET ADDRESS	2101-41ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WREN, SHERRY L	
STREET ADDRESS	2101-41ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19283 165 LANE	
CITY-ST-ZIP	OBRLEN, FL 32071	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19283 165 LANE	
CITY-ST-ZIP	OBRLEN, FL 32071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Daniel T. Wren* **DANIEL T. WREN** Date: **4-26-2008** Daytime Phone #: **386-688-7343**