

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2008 90205 005 ***150.00

DOCUMENT # P00000000300					
1. Entity Name WREN SMALL ENGINE REPAIR, INC.					
Principal Place of Business 2101 41ST AVE. N. ST. PETERSBURG, FL 33714			Mailing Address 2101 41ST AVE. N. ST. PETERSBURG, FL 33714		
2. Principal Place of Business - No P.O. Box # 19283 165 LANE Suite, Apt. #, etc.		3. Mailing Address 19283 165 LANE Suite, Apt. #, etc.			
City & State OBRLEN, FL Zip: 32071 Country: USA		City & State OBRLEN, FL Zip: 32071 Country: USA		4. FEI Number 59-3616075	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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: _____ State: 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: <u><i>Daniel T. Wren</i></u> DATE: <u>4-26-2008</u> <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, 2008 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: PSC NAME: WREN, DANIEL T STREET ADDRESS: 2101-41ST AVE N CITY-ST-ZIP: SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 19283 165 LANE CITY-ST-ZIP: OBRLEN, FL 32071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VTD NAME: WREN, SHERRY L STREET ADDRESS: 2101-41ST AVE N CITY-ST-ZIP: SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 19283 165 LANE CITY-ST-ZIP: OBRLEN, FL 32071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Daniel T. Wren</i></u>			DANIEL T. WREN 4-26-2008 386-688-7343		