


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000043191	
1. Entity Name GARY'S HOME REPAIR OF NEW PORT RICHEY, INC.	

Principal Place of Business 8950 MARIGOLD DRIVE NEW PORT RICHEY FL 34654	Mailing Address PO BOX 6014 HUDSON FL 34674
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2. Principal Place of Business - No P.O. Box # 8950 MARIGOLD DRIVE	3. Mailing Address P.O. BOX 6014
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State New Port Richey FL	City & State Hudson FL	4. FEI Number 59-3659634	Applied For <input type="checkbox"/> Not Applicable
Zip 34654	Country FLA	Zip 34674	Country FLA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOKE, GARY 8950 MARIGOLD DRIVE NEW PORT RICHEY FL 34654	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>GARY HOKE owner</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOKE, GARY 8950 MARIGOLD DRIVE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000747264 05/17/07-80018-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOKE, BONNIE 8950 MARIGOLD DR NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.
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SIGNATURE: <u>GARY HOKE (owner)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/26/07 727 862 44	Daytime Phone # 65
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