


FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90066 023 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000053043 1. Entity Name DENNI'S HOME REPAIRS INC.			
Principal Place of Business 12601 SW 268TH STREET HOMESTEAD, FL 33032		Mailing Address 12601 SW 268TH STREET HOMESTEAD, FL 33032	
2. Principal Place of Business 1998 TILTON ROAD Suite, Apt. #, etc.		3. Mailing Address 1998 TILTON ROAD Suite, Apt. #, etc.	
City & State PORT ST LUCIE, FL		City & State PORT ST LUCIE, FL	
4. FEI Number 65-1083184	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DENNIS, EDUARDO 12601 SW 268TH STREET HOMESTEAD, FL 33032		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 PD <input type="checkbox"/> Delete NAME DENNIS, EDUARDO STREET ADDRESS 12601 SW 268TH STREET CITY-ST-ZIP HOMESTEAD, FL 33032	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1998 TILTON ROAD STREET ADDRESS PT ST LUCIE, FL 34902 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME MARTINEZ, JANET STREET ADDRESS 12601 SW 268TH STREET CITY-ST-ZIP HOMESTEAD, FL 33032	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1998 TILTON ROAD STREET ADDRESS PT ST LUCIE, FL 34902 CITY-ST-ZIP		
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"/> Change <input type="checkbox"/> Addition		
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: X <i>Ed Dennis</i>		Date: 03/31/05	