

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -3 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000009176					
1. Entity Name DON FENWICK HOME REPAIR, INC					
Principal Place of Business 1467 E. MANASOTA BEACH ROAD ENGLEWOOD, FL 34223			Mailing Address 1467 E. MANASOTA BEACH ROAD ENGLEWOOD, FL 34223		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1072640	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANAGNOSTOU, ELAINE M 8499 S TAMAMI TRAIL #276 SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name: Fenwick, Donald A. Street Address (P.O. Box Number is Not Acceptable) 1467 E. Manasota Beach Rd. City: Englewood FL Zip Code: 34223	
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>Donald A. Fenwick</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>9/27/06</u>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	D FENWICK, DONALD A 1467 E. MANASOTA BEACH RD ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600080385196 10/03/06--01015--007 **61.25	<input 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>Donald A. Fenwick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>9/27/06</u> Daytime Phone #: <u>9414680059</u>		

Donald A. Fenwick

in/you