

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90049 015 \*\*\*150.00

**DOCUMENT # P01000053842**

1. Entity Name

REPAIR SPECIALIST, INC.



Principal Place of Business

1365 FRUIT COVE RD N  
JACKSONVILLE FL 32259

Mailing Address

1365 FRUIT COVE RD N  
JACKSONVILLE FL 32259

2. Principal Place of Business

1109 Hideaway Dr. N

3. Mailing Address

1109 Hideaway Dr. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. FEI Number

59-3725879

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

*Ann E. Matthews* Ann E. Matthews 3/16/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MATTHEWS, VINCENT L  
STREET ADDRESS ~~1365 FRUIT COVE RD N~~ 1109 Hideaway Dr. N  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1109 Hideaway Dr. N.  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MATTHEWS, ANN E  
STREET ADDRESS ~~1365 FRUIT COVE RD N~~ 1109 Hideaway Dr. N  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1109 Hideaway Dr. N.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

*Ann E. Matthews* Ann E. Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06 904-287-7678