

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000109374

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** COMMERCIAL EQUIPMENT REPAIR, INC.

**Current Principal Place of Business:**

5010 NW 20TH DR.  
JENNINGS, FL 32053

**New Principal Place of Business:**

**Current Mailing Address:**

5010 NW 20TH DR.  
JENNINGS, FL 32053

**New Mailing Address:**

**FEI Number:** 59-3758659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCAFF, SONNY ESQ.  
215 NE 2ND STREET  
JASPER, FL 32052 US

**Name and Address of New Registered Agent:**

HIERS, JAMES W IV  
5010 NW 20TH DR  
JENNINGS, FL 32053 US

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.

SIGNATURE: JAMES W HIERS

03/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: HIERS, JAMES WILLIAM IV  
Address: 5010 NW 20TH DR.  
City-St-Zip: JENNINGS, FL 32053

Title: VPSD  
Name: GIST, BOBBY LEE  
Address: 5010 NW 20TH DR.  
City-St-Zip: JENNINGS, FL 32053

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES W HIERS

PTD

03/30/2012

Electronic Signature of Signing Officer or Director

Date