

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000114211

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** MISTER FIX IT SERVICES, INC.

**Current Principal Place of Business:**

6023 SE ORANGE BLOSSOM TRAIL  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2032  
HOBE SOUND, FL 33475 US

**New Mailing Address:**

**FEI Number:** 65-1156477      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TRUPIA, CHARLES A  
6023 SE ORANGE BLOSSOM TRAIL  
HOBE SOUND, FL 33455 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: TRUPIA, CHARLES A  
Address: PO BOX 2032  
City-St-Zip: HOBE SOUND, FL 33455 US

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: CHARLES TRUPIA

PST

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date