2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# P02000026708

Entity Name: M & S REPAIR SERVICE, INC.

Current Principal Place of Business:

P.O. BOX 43
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

4919 CR 300
LAKE PANASOFFKEE, FL 33538

Current Mailing Address:

P.O. BOX 43
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

FEI Number: 27-0004895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITMAN, MOLLY T
P.O. BOX 43
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

WHITMAN, MOLLY T
4919 CR 300
LAKE PANASOFFKEE, FL 33538 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: MOLLY T. WHITMAN 06/18/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHITMAN, MOLLY T
Address: PO BOX 43
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: ST ( ) Delete
Name: WHITMAN, STEVEN
Address: PO BOX 43
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: V ( ) Delete
Name: LABAZZETTA, NAT
Address: 1421 SE 36TH AVE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MOLLY T. WHITMAN P 06/18/2007
Electronic Signature of Signing Officer or Director Date