


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000035339 1. Entity Name ANYTIME APPLIANCE REPAIR SERVICE, INC.	
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Principal Place of Business 13412 LITEWOOD DR. HUDSON, FL 34669	Mailing Address 13412 LITEWOOD DR. HUDSON, FL 34669
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1636023	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 DUKES, JAMES 13412 LITEWOOD DR. HUDSON, FL 34669

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000596785
01/24/07-80010-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV DUKES, JAMES 13412 LITEWOOD DR. HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DUKES, CINDY 13412 LITEWOOD DR. HUDSON, FL 34669
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Lindsey Dukes Cindy Dukes 01-08-07 727 8416200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #