

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

1252

FILED

07 JUN 29 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073659

1. Entity Name  
SOUTHERN STYLE REPAIR SERVICE, INC.



Principal Place of Business Mailing Address  
11904 NW 234 ST PO DRAWER 2759  
ALACHUA, FL 32616 GAINESVILLE, FL 32602

40120715



06/14/07 90001 036 \$150.00  
03122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For  
06-1680737 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

LASH, ROBERT A.  
MOODY & SALZMAN, P.A.  
500 E UNIVERSITY AVE, STE A  
GAINESVILLE, FL 32602-2759

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

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	MOSER, JEFFREY A	PO BOX 1886	ALACHUA, FL 32615				

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: Jeffrey A Moser Date: 6/14/07 Daytime Phone #: 386 454-8330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Moser  
DIRECTOR

2052

ATTACHMENT

40120715

#PO2000073659

6/13/07

Division of Corporations

Regarding my phone conversation with Kristin on 6/12/07 concerning a check that had been sent to you in the amount of \$150<sup>00</sup> along with the annual report for Southern Style Repair Service, Inc. The check had not cleared our bank and I called to check on the status of the Corporation. Apparently the report and the check were never received. I am sending a copy of the report along with a new check in the amount of \$150<sup>00</sup>. Please do not charge me the \$400.<sup>00</sup> late fee as this was sent on time.

If you have any questions please call at 386 454-8371.

Southern Style Repair Service, Inc.

Blair F. Moser

Bookkeeper

P.S. The original check was # 10102 dated 3/16/07 from Southern Style Plastering & Stucco account. Should this check turn up please return to me.