2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000073659

1. Entity Name
SOUTHERN STYLE REPAIR SERVICE, INC.

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

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 06-1680737 — Applied For / 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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

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

Jeffrey A. Moser
DIRECTOR

2 of 2

ATTACHMENT
H0120715
#P02000073659

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 "150.00 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 150.00. Please do not charge me the $400.00 late fee as this was sent on time.

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

Southern Style Repair Service, Inc.

Edna 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.