2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P02000121502 1. Entity Name T & R REPAIR SERVICE, INC. Principal Place of Business Mailing Address 1171 LAMAR AVENUE 1171 LAMAR AVENUE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 A Secretary of State



04112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0538172 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Ad	idress of	Current	Regis	tered	Agent

PRADO, ALFRED R 1171 LAMAR AVENUE ALTAMONTE SPRINGS, FL 32714

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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent agen						
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After May 1, 2007 Fee will be \$350.00 Trust Fund Contribution.	SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
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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:

Alfred R. Prado