

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128082

FILED
Apr 17, 2006
Secretary of State

Entity Name: SPARKLE BRITE REPAIRS OF FLORIDA, INC.

Current Principal Place of Business:

2123 CALUSA LAKES BLVD.
NOKOMIS, FL 34275

New Principal Place of Business:

8127 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201

Current Mailing Address:

2123 CALUSA LAKES BLVD.
NOKOMIS, FL 34275

New Mailing Address:

8127 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201

FEI Number: 02-0665200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKIN, LAWRENCE M
1820 RINGLING BOULEVARD
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRINGTON, JAMES
Address: 2123 CALUSA LAKES BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: HARRINGTON, EILEEN
Address: 2123 CALUSA LAKES BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: BOSCARINO, PETER
Address: 3580 17TH STREET
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BOSCARINO, PETER
Address: 7453 SADDLE CREEK PL
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES S. HARRINGTON

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date