2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000015775

1. Entity Name

VERSATILE HOME REPAIRS, CORP.



FILED Feb 04, 2008 08:00 A Secretary of State

Principal Place of Business

2178 INDIA BLVD. DELTONA, FL 32738 Mailing Address

2178 INDIA BLVD. Deltona, Fl 32738



DO NOT WRITE IN THIS SPACE

01232008

4 EEI Murch

 01232008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHER, ALFREDO 2178 INDIA BLVD. DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	of applicable. (NOTE Registered Age	nt signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	·	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ARCHER, ALFREDO 2178 INDIA BLVD. DELTONA, FL 32738				W2020004F200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	:			U00000815988 02/14/08-80031-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	•	
TITLE	•				

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 tried 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 tried 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 any address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #