

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000035284

1. Entity Name

FAIR & SQUARE HOME REPAIRS, INC.



Principal Place of Business

8441 LEMON ROAD
FORT MYERS, FL 33912 US

Mailing Address

8441 LEMON ROAD
FORT MYERS, FL 33912 US



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

87-0690539

Applied For

(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNABEI, NANCY A
8441 LEMON ROAD
FORT MYERS, FL 33912

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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAINES, TODD A
STREET ADDRESS 8441 LEMON RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VP
NAME BERNABEI, ROBERT R
STREET ADDRESS 8441 LEMON RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE S
NAME BERNABEI, NANCY A
STREET ADDRESS 8441 LEMON RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE T
NAME DAINES, CARRIE K
STREET ADDRESS 8441 LEMON RD.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000509167
04/28/06-80034-008 150.00

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IN THIS SPACE**

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: *Carrie K. Daines* CARRIE K DAINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 (239)980-7274
Date Daytime Phone #