## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000041880

FILED Jan 04, 2005 Secretary of State

Entity Name: SPT HOME REPAIR, INC. **Current Principal Place of Business: New Principal Place of Business:** 340 REDWOOD RD 508 ALHAMBRA RD VENICE, FL 34293 VENICE, FL 34285 **Current Mailing Address: New Mailing Address:** 340 REDWOOD RD 508 ALHAMBRA RD VENICE, FL 34293 VENICE, FL 34285 FEI Number: 11-3685168 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, STEVE THOMPSON, STEVE 340 REDWOOD RD 508 ALHAMBRA RD VENICE, FL 34285 US VENICE, FL 34293 US 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: STEVE THOMPSON 01/04/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition THOMPSON, STEVE THOMPSON, STEVE Name: Name: 340 REDWOOD RD 508 ALHAMBRA RD Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34285 Title: () Delete Title: ( ) Change (X) Addition THOMPSON, SUSAN Name: Name: Address: 508 ALHAMBRA RD Address: VENICE, FL 34285 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition Name: THOMPSON, PAUL Name: 508 ALHAMBRA RD Address Address: City-St-Zip: City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE THOMPSON P 01/04/2005