


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 -08:00 AM
Secretary of State

DOCUMENT # P03000086834		
1. Entity Name JOSEPH'S HOME REPAIR INC.		
Principal Place of Business 190 COWNIE AVE. SE. PALM BAY, FL 32909	Mailing Address 190 COWNIE AVE. SE. PALM BAY, FL 32909	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHAPMAN, JOSEPH E 190 COWNIE AVE. SE. PALM BAY, FL 32909		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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, JOSEPH E 190 COWNIE AVE. SE. PALM BAY, FL 32909	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Joseph E. Chapman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>16 Apr 05</u> Daytime Phone # <u>321-768-2205</u>



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-2024746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000316240
04/19/05-80067-005 150.00

**DO NOT WRITE
IN THIS SPACE**