## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **FILED** Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # P03000086834** 1. Entity Name JOSÉPH'S HOME REPAIR INC. Principal Place of Business Mailing Address 190 COWNIE AVE. SE. 190 COWNIE AVE. SE. PALM BAY, FL 32909 PALM BAY, FL 32909 04182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2024746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAPMAN, JOSEPH E DO NOT WRITE 190 COWNIE AVE. SE. PALM BAY, FL 32909 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing U00000312315 05/07/08-80076-006 1<u>50.00</u> FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CHAPMAN, JOSEPH E 190 COWNIE AVE. SE. STREET ADDRESS CITY-ST-ZIF PALM BAY, FL 32909 TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 807, 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.

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR