


# ANNUAL REPORT

**FILED**

**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90035 023 \*\*\*150.00

<b>DOCUMENT # P03000114764</b>	
1. Entity Name <b>FARRINGTON HOME REPAIR, INC.</b>	

Principal Place of Business <b>206 66TH AVE. DRIVE W BRADENTON, FL 34207</b>	Mailing Address <b>206 66TH AVE. DRIVE W BRADENTON, FL 34207</b>
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2. Principal Place of Business <b>519 HAWTHORNE BLVD.</b>	3. Mailing Address <b>519 HAWTHORNE BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LEESBURG, FL</b>	City & State <b>LEESBURG, FL</b>
Zip <b>34748</b>	Country <b>LAKE</b>
Zip <b>34748</b>	Country <b>LAKE</b>



01072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0348527</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>FARRINGTON, FAY S. 206 66TH AVE. DRIVE W BRADENTON, FL 34207</b>	
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7. Name and Address of New Registered Agent Name <b>FARRINGTON, FAY S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>519 HAWTHORNE BLVD</b> City <b>LEESBURG</b> <b>FL</b> Zip Code <b>34748</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D FARRINGTON, FAY S 206 66TH AVE. DRIVE W BRADENTON, FL 34207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P FAY S FARRINGTON 519 HAWTHORNE BLVD LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C FAY S FARRINGTON 519 HAWTHORNE BLVD. LEESBURG, FL - 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T FAY S FARRINGTON 519 HAWTHORNE BLVD LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S FAY S FARRINGTON 519 HAWTHORNE BLVD. LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: FAY S. FARRINGTON **FAY S. FARRINGTON** 4/12/04 **352-728-8654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR