

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 049 ***150.00

DOCUMENT # P03000116580

1. Entity Name
A-PLUS REPAIR SERVICE, INC.



Principal Place of Business
**4272 PRAIRIE VIEW DR NORTH
SARASOTA, FL 34232-1654**

Mailing Address
**4272 PRAIRIE VIEW DR NORTH
SARASOTA, FL 34232-1654**

50002291



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

74-3106483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGDON, ALLEN E. PHD
5059 INDIAN MOUND STREET
SARASOTA, FL 34232-2661**

Name

Lynn Kuiken, CPA

Street Address (P.O. Box Number is Not Acceptable)

4370 S. Tamiami Tr. STE 326

City

Sarasota

FL

Zip Code

34231

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

Lynn Kuiken CPA

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

(NOTE: Registered Agent signature required when reinstating)

1/24/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
KEYWORTH, MICHAEL C
4272 PRAIRIE VIEW DR N
SARASOTA, FL 34232**

☐ Delete

TITLE
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☐ Addition

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:

Michael C. Keyworth **Michael C. Keyworth**

Date

1/23/08

Daytime Phone #

741-504-2056