

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90101 013 \*\*\*150.00

<b>DOCUMENT # P03000119769</b> 1. Entity Name <b>GARY'S HOME IMPROVEMENT AND REPAIRS, INC.</b>	
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Principal Place of Business <b>4800 S E FEDERAL HWY LOT 128 STUART, FL 34997</b>	Mailing Address <b>4800 S E FEDERAL HWY LOT 128 STUART, FL 34997</b>
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04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0627342</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FRIZZELL, GARY L 4800 S E FEDERAL HWY LOT 128 STUART, FL 34997</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FRIZZELL, GARY L 4800 S E FEDERAL HWY LOT 128 STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT GARY L. FRIZZELL 4800 S.E. FED HWY #128 STUART FL 34997</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 corporations.

SIGNATURE:  **6-14-06 772-288-3154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone