2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 18, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P030001348 PPAIR SERVICE, INC.	04-30-2007 90387 027 ***158.75						
Principal Place of Business Mailing Address 5865 AUCILLA MONTICELLO FL 32344 MONTICELLO FL 32344								
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc. Su		Suite. Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	1st MOORE CR2E034 (10/06)				
City & State Ci		City & State		4. FEI Number 90-0190182 Applied For Not Applied big				
Žip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	t Registered Agent	Namo	7. Name and Address of New Registered Agent				
LAMB, PAT ,								
592 8565 AUCILLA Rd MONTICELLO FL 32344			Streat Addre	Stroet Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
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 Signation, yould by protect name of required organic and title if applicable. (NOT) Registered Agent Egyntium removed when tensioning (DATE)								
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After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
After	May 1, 2007 Fee Will Be \$550.0 k Payable to Florida Department of OFFICERS AND	of State	11.					
After Make Check	May 1, 2007 Fee Will Be \$550.0 k Payable to Florida Department of	of State	11. DHF NAME SHRELLADDNESS CHY SEZIP	Trust Fund Contribution. Added to Fees				
After Make Check 10. ITTLE NAME SIDTET ADDRESS	May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND P LAMB, PATRICK 5865 AUCILLA	of State DIRECTORS	DIFF NAME STREET ADDRESS	Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
After Make Check 10. HILE NAME SIRELL ADDRESS CITY ST-ZIP HILE NAME SHEET ADDRESS	May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND PATRICK 5865 AUCILLA MONTICELLO FL 32344 V LAMB, MARGARET 5865 AUCILLA	of State Directors Delete	DIFF NAME STREET ADDRESS CITY ST ZIP FITEF NAME STREET ADDRESS	Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition				
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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 eath, that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; 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:	Pat Cant	Pat Lamb	5-15-07	997-8449
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	Code	Daytime Phone #	