


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90008 009 ***150.00

DOCUMENT # P03000139723					
1. Entity Name PROFESSIONAL HOME REPAIRS, INC					
Principal Place of Business 1250 5TH STREET ORANGE CITY, FL 32763 US			Mailing Address 1250 5TH STREET ORANGE CITY, FL 32763 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 043780014	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUKES, BRUCE G SR 1250 5TH STREET ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUKES, BRUCE G SR		NAME		
STREET ADDRESS	1250 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Bruce G Dukes</i>			Date: 8-15-04		Daytime Phone #: 386-561-0013
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

24080242



08152004 Chg-P CR2E034 (10/03)

4. FEI Number **043780014** Applied For Not Applicable

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

DUKES, BRUCE G SR
1250 5TH STREET
ORANGE CITY, FL 32763

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

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SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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STREET ADDRESS	1250 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP		
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SIGNATURE: *Bruce G Dukes* Date: **8-15-04** Daytime Phone #: **386-561-0013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #