2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P03000142839 1. Entity Name 04-01-2004 90011 014 ***150.00 CARL'S HOME REPAIR SERVICE OF LEE COUNTY, INC. Principal Place of Business Mailing Address 2781 BRUCE ST 2781 BRUCE ST MATLACHA FL 33993 MATLACHA FL 33993 2. Principal Place of Business 3. Mailing Address P.O. BOX 630 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 02-0712486 Not Applicable WARWICK, NEW YORK Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 10990 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARCOLINI, CARL V 2781 BRUCE ST Street Address (P.O. Box Number is Not Acceptable) MATLACHA FL 33993 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MARCOLINI, CARL NAME NAME 2781 BRUCE ST STREET ADDRESS STREET ADDRESS MATLACHA FL 33993 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TiTi F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE 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.

FILED

SIGNATURE: CARL MARCOLINI 03/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03/25/04

Daytime Phone #