

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000142968

1. Entity Name
LIVE OAK HOME REPAIR, INC.



Principal Place of Business
**5263 BUNYAN ST
SARASOTA, FL 34232**

Mailing Address
**5263 BUNYAN ST
SARASOTA, FL 34232**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0531048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SORIA, FRANK
5263 BUNYAN ST
SARASOTA, FL 34232**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SORIA, FRANK
STREET ADDRESS	5263 BANYAN STREET
CITY-ST-ZIP	SARASOTA, FL 34232

TITLE	VS
NAME	SEARL, WESLEY
STREET ADDRESS	2419 ROXBURY CIRCLE
CITY-ST-ZIP	NORTH PORT, FL 34287

TITLE	V
NAME	SORIA, CLIFF
STREET ADDRESS	6915 AVENUE A #9
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/08-80040-011 150.00

**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 empowered.

SIGNATURE: Frank R. Soria **FRANK R. SORIA** 1/28/08 941 371-8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #