

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142968

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** LIVE OAK HOME REPAIR, INC.

**Current Principal Place of Business:**

5263 BUNYAN ST  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5263 BUNYAN ST  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 45-0531048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENRY, MOTT W  
425 POINCIANA DRIVE  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** SORIA, FRANK  
**Address:** 5263 BANYAN STREET  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** VS  
**Name:** SEARL, WESLEY  
**Address:** 2419 ROXBURY CIRCLE  
**City-St-Zip:** NORTH PORT, FL 34287

**Title:** V  
**Name:** SORIA, CLIFF  
**Address:** 6915 AVENUE A #9  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** RA  
**Name:** MOTT, HENRY W  
**Address:** 425 POINCIANA DRIVE  
**City-St-Zip:** SARASOTA, FL 34243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FRANK SORIA

PT

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date