

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000145953**

1. Entity Name  
REPAIR SERVICE OF FLORIDA, INC.



Principal Place of Business  
9228 NE JACKSONVILLE RD  
ANTHONY, FL 32617

Mailing Address  
9228 NE JACKSONVILLE RD  
ANTHONY, FL 32617



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-1090874	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

JENNINGS, DONALD R  
9228 NE JACKSONVILLE RD  
ANTHONY, FL 32617

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JENNINGS, DONALD R 9228 NE JACKSONVILLE RD ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JENNINGS, TYLER 2008 NE 8TH RD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000315192  
04/19/05-80065-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donald R Jennings  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 352  
732-4685  
Date Daytime Phone #

Donald Jennings