

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 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



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1090874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

U00000388062
04/21/08-80045-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JENNINGS, DONALD R
STREET ADDRESS	9228 NE JACKSONVILLE RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	T
NAME	JENNINGS, TYLER
STREET ADDRESS	2008 NE 8TH RD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	S
NAME	JENNINGS, KATHRYN
STREET ADDRESS	9228 NE JACKSONVILLE RD
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Donald R. Jennings
Donald R. Jennings

04/08/08

(352) 732-4635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #