

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90846 037 ***150.00

DOCUMENT # P03000156385

1. Entity Name
C & F HOME REPAIR, INC.



Principal Place of Business
**7223 SAN LUIS CT.
TAMPA, FL 33634**

Mailing Address
**220 N. BAYSHORE BLVD
UNIT 207
CLEARWATER, FL 33759**

40030200



2. Principal Place of Business - No P.O. Box #

9517 W. Flora St

3. Mailing Address

9517 W. Flora St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007

Chg-P

CR2E034 (12/06)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

20-0521324

Applied For

Not Applicable

Zip
33615

Country

Zip
33615

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HORVATH, CSABA
7223 SAN LUIS CT
TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9517 W. Flora St

City

Tampa

FL

Zip Code

33615

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HORVATH, CSABA**
STREET ADDRESS **7223 SAN LUIS CT**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **VP** ☐ Delete
NAME **COLLIS, RICHARD B**
STREET ADDRESS **7450 GATOR CREEK BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Horvath, Csaba**
STREET ADDRESS **9517 W. Flora St**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CSABA HORVATH CSABA HORVATH **4/27/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #