## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 21, 2005 08:00 AM DOCUMENT # P04000002579 **Secretary of State** 1. Entity Name JERRY KESSINGER MAINTENANCE REPAIR, INC. Principal Place of Business Mailing Address 2466 CONSTITUTION BVLD 2466 CONSTITUTION BLVD SARASOTA FL 34251 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 84-1631078 Not Applicab! Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KESSINGER, JERRY Street Address (P.O. Box Number is Not Acceptable) 2466 CONSTITUTION BLVD SARASOTA FL 34231 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reimstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HHE ☐ Change Ardin. TITLE Delete NAME KESSINGER, JERRY NAME 2466 CONSTITUTION BLVD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-7IP CITY-SE-7IP TITLE ☐ Change ☐ Additio THEF Delete NAMI. NAME U00000187834 STREET ADDRESS STREET ADDRESS 01/24/05-80032-007 150.00 CITY-ST-ZIP CHY-SI-ZIP Change HUE Addition THEE Delete NAME MAME CIRCLI ADDRESS STREET ADDRESS CITY-ST-ZIP CHT-SI-ZIP TITLE Change Admir. THUE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THE TITLE Change ∏ Adam Detete NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-SI-ZP HU ☐ Delete BILL Change Artina NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-71P CITY-ST-70P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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 direction of the corporation or the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

with all other like emplowered

changed, or on an attachment with an addre

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