

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000013062 1. Entry Name DICK;S HOME REPAIRS INC.	
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Principal Place of Business 107 SUNNY LANE AUBURDALE, FL 33823	Mailing Address 107 SUNNY LANE AUBURDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0606661	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 GREEN, PAMELA A 1104D CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOBLEY, RICHARD M 107 SUNNY LANE AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRENDA, MOBLEY J 107 SUNNY LANE AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/06-80009-004 150.00

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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: *Richard M. Mobley* Richard M. Mobley 4/29/06 (803) 712-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #